NEW

Understanding Neurodiversity

Everything you need to know about neurodivergence

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ADHD
Autism
Dyslexia
& more

Sticks & stones

How to heal from the traumas of bullying

Find your confidence

Beat low self-esteem and embrace your uniqueness

Looking for a label

Is it worth seeking a diagnosis later in life?

Harness your superpower

Learn to thrive in a world built for different minds

Digital Edition

FUTURE

FIRST EDITION

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Welcome

One in seven people in the UK have been diagnosed with some kind of neurodiversity, but what does that mean? Diagnoses of autism, ADHD, dyslexia and dyspraxia – among others – are on the rise, so how can we understand these conditions? We've spoken to experts to understand how neurodiverse brains work, from how to find out if your child is neurodiverse, to what to do if you think you are yourself. We'll also explore the strengths of the neurodiverse mind, and how to handle any anxieties and self-doubts that so often plague those with neurodiversities.

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What is neurodiversity?

How different ways of thinking gives rise to new ways of seeing and experiencing the world

Words Edoardo Albert

Some people are tall, others short. There are people with blue eyes, brown eyes, grey eyes, green eyes and a few even have different colour eyes. The writer of this feature has UK size ten feet; yours are probably another size. The simple fact is that people are different. It's so unremarkable that we do not even notice it. The only time this difference does become noticeable is when we meet people who are *not* different: identical twins stand out from the rest of the population precisely because they look just like another person, not because they look different.

People are strange

It is the fact of difference across a range that unifies us. If you mapped out the heights of everybody alive in the world today, it would form what is known as a bell curve. That's the sort of curve that looks like, well, a bell: a long slow rise, then a sudden acceleration up to the top of the curve and a smooth turn down before another long, slow decline at the other end. What that means is that the vast majority of people are a few inches either side of the average height, with far fewer

at the extremes. There are billions of people between 1.5 and 1.8 metres (five and six feet) in height, but only about 2,400 who are over 2.1 metres (seven feet).

But while this might be obvious so far as our outsides are concerned, for some reason we tend not to apply that to what goes on inside, in our minds. There, we have a strong tendency to think that what applies to us applies to everyone. The most obvious example comes at the level of our basic self-awareness, the space inside our minds where we and the world meet. People assume that everyone else experiences consciousness in the same way they do. But that's not how it is. The most common way of thinking is through an inner voice: literally words in one's mind. These can be monologues, dialogues or even multi-part plays with lots of different voices shouting at each other. But some people think visually, conjuring up images. Others think emotionally, or with their senses and a few even think non-symbolically (which is something only other people who think like this understand).

Different strokes for different folks

This is the core of neurodiversity. It's the psychological equivalent of the height distribution of the general population. Most people think along roughly the same lines but there are significant sub-sections of the population who think differently. In most cases, these differences are part of a continuum. Those people who are neurodiverse simply lie further out along the curves than the majority of the

population. In some ways, these differences can be a strength. A taller than average person can reach up and get something from the top shelf that a person of average height can't reach – or even play professional basketball. An autistic person's eye for detail may lead them to spot an error in coding that's stopping a computer program from working.

However, it's also true that the extremes of any trait – physical or mental – can produce difficulties. The world's tallest person in recorded history, Robert Wadlow, died at the age of 22 because his heart could not cope with the size of his body, and the same is true of almost all the other extremely tall people in history. Wadlow suffered from gigantism, where his body never stopped growing. Autism is similarly listed as a developmental disorder. However, in most cases, while challenging, it's not crippling. Having said that, for people who never develop language as the result of autism, it obviously makes life extremely difficult for them and their carers. This does not render such people subhuman nor does it make their lives worthless, but it does make their lives more difficult.

From normal to neurodiverse

The term 'neurodiversity' was first proposed in the 1990s by Judy Singer, an Australian sociologist. The 1990s was also when the internet was developed and its existence enabled neurodiverse people around the world to connect with each other. Suddenly, they and their families and friends realised that they were not oddballs, freaks or weirdos (terms many were all too familiar with) but rather people whose minds simply worked differently from the norm, with their own strengths and weaknesses.

With this recognition, a movement to advocate for the rights of neurodiverse people developed. Originally, it focused most on people with autism and

"There are significant sub-sections of the population who think differently"

Neurodiverse or mentally ill?

A paranoid schizophrenic who hears voices telling them to kill their child's teacher definitely sees the world differently from most people, and their mind works differently too. So by a simple definition of neurodivergence, paranoid schizophrenics are neurodivergent. The same could be said of people suffering from clinical depression, bipolar disorder and other severe mental-health conditions.

In one sense, this is true. Everyone suffering from severe mental illness is neurodivergent – if they weren't, then the majority of the population would be mentally ill. However, in the case of mental illness, the neurological difference can be devastating to the life of the sufferer and the people around them. A good example is the different ways people with autism and OCD experience routines. An autistic person, particularly a child, will use routines to help control situations, thus reducing anxiety and helping them feel better. For instance, one of the writer's sons had a five-minute goodbye routine that he had to go through every morning before entering school. His teachers initially found this annoying but allowing him to complete the routine enabled him to calm down and face the day better. This is very different to how a person with OCD experiences routines. In that case, they run through their routines despite the fact that they make them feel worse – they can't stop themselves from doing so. So mental illness begins where life starts going downhill.

Made this way

The term neurodivergence was first used by people with autism. It was then quickly adopted by people with ADHD, dyspraxia, dyscalculia and dyslexia. Medically, these are labelled as developmental disorders since they first manifest themselves in childhood. Recent research, particularly on autism, has started us towards understanding what happens. As the brain develops, billions of new connections between neurones are made as the baby learns to move, talk and walk. The brain is literally wiring itself up for future life. But in doing so it creates millions of unnecessary connections. Between the ages of two and ten, this process goes into reverse and the developing brain starts pruning synaptic connections. Developmental disorders such as autism appear to be a result of the brain pruning less in some areas than normal. For instance, the sensory sensitivities experienced by many autistic people are probably the result of a lack of pruning in the sensory pathways of the brain. So while not necessarily born neurodivergent, their brains become different early in life.

However, the idea of neurodivergence has widened in recent years to include people whose brains change in later life. This can include the physical changes associated with dementia and the psychological changes produced by conditions such as PTSD. So now, neurodivergence is something that can apply both to people born different and to people who become different.

ADHD but latterly it has broadened so that it includes anyone who thinks differently from the norm and whose life is impacted by this. As psychologists have examined the workings of the human mind more closely, and people have felt more empowered to speak out, more and more differences in the way people think have come to the fore. These include conditions that are a result of differences in development, such as autism and dyspraxia, as well as acquired conditions, such as dementia and PTSD.

Difference and difficulty

While neurodivergent people gain insights and fresh perspectives on problems that the rest of us may

struggle with, it's nonetheless clear that living with neurodivergence is not all plain sailing through a neurotypical sea. Some of these difficulties are a result of the neurodivergence itself – a strength in one area usually entails a weakness in another. For instance, someone with dyspraxia might love music but will find it very difficult to become a concert pianist. That's a problem inherent to the dyspraxia.

But on the other hand, there are the difficulties that are imposed from without. These are the result of the wider society not understanding or appreciating people with neurodiversity. For instance, a dyspraxic adult may be an excellent worker but they might require longer to type up a report. This difficulty could be resolved by allowing them to dictate the report rather than typing it – a small accommodation that could have big results.

In general, neurodiverse people simply want to have a chance to make their own unique contribution to society. To do so, they might need the rest of us to change how we do some things. These are generally small alterations but making them will enable the rest of us to benefit from the unique ways of seeing and doing things that neurodivergent people can bring to the table. After all, if everyone is looking at a problem in the same way, then they will all focus on the same solutions. It takes someone seeing the problem in a new way to come up with a fresh solution. So welcoming and accommodating neurodiverse people within society will make us all stronger.

Going neurodiverse

Not everyone with neurodivergence is born that way

Words Edoardo Albert

The curious case of Phineas Gage

On 13 September 1848 a railway worker, Phineas Gage, was tamping an explosive charge down into a hole drilled in the rock his team was clearing. Distracted by some of his men, Gage turned his head to speak to them. At that instant, sparks set off the explosives. The iron rod he had used to push the explosives into the drill hole shot out like a bullet and into Gage's head, going through his upper jaw, on up behind his left eye and through his brain before shooting out through the top of his skull.

In a time when health and safety rules were non-existent, this was just one of thousands of workplace accidents. But what made this unique was the fact that, extraordinarily, Gage survived. A metal bar had been shot through his brain and out of the top of his head yet he lived to tell the tale – minus his left eye.

But Gage did not just suffer physical scars. His personality changed too, such that his friends and family described him as no longer himself. This was the first indication that changes – in this case pretty traumatic changes – to the brain could cause changes in the person. It might seem obvious now, but it was not obvious back then.

Brains are plastic, after all

In fact, it's only very recently that we have learned the brains of adults can change and reconnect themselves. It used to be thought that once the brain had 'set' on entering adulthood, then it was fixed: it could be damaged but it could not repair itself.

This fact also explains a key difference in the way we deal with adults whose neurodivergence comes about as a result of changes to their brain as an adult, as compared to those who have lived with it all their lives. Developmental neurodivergences such as autism and ADHD grow up with the person: they are part and parcel of their identity. As such, you can no more cure a person of autism than you can cure someone of being a certain height: it's simply a part of who they are (although any difficulties caused by the neurodivergence can be ameliorated).

But neurodivergence in later life is imposed; it's the result of something that happens to you. It can be caused by brain injuries such as the one that affected Gage, but also through strokes or conditions like dementia and Parkinson's. Violent or highly stressful events, the sort of events that cause post-traumatic stress disorder (PTSD), also lead to the brain rewiring itself in order to cope with the trauma.

Because it's a change imposed upon the brain (and the person whose brain it is), then we need to deal with the effects in a different manner. As with people born neurodivergent, we need to accept the changes in mental functioning and how they see the world as something intrinsic to the person but, as disorders, the changes can be treated and – sometimes – improved or even cured completely.

Different starts and different ends

The concept of treatment introduces a major difference. The majority of people with autism and other intrinsic neurodivergences do not want to be 'cured', for their condition is a basic part of who they are. They just want to live normal lives, accepted for what they are.

This is generally not the case for people with acquired neurodivergence. Ask someone with dementia, during one of their lucid spells, if they would like their memory back and they will say, 'Yes'. The same is true for people suffering from PTSD, strokes and other types of acquired neurodivergence. As such, treatment for the cause of the neurodivergence in these cases is not just useful, but something that is necessary.

While it's clear how brain injuries and strokes cause changes to the brain, and we know that the various forms of dementia produce huge changes in brain structure (although sadly we still seem far from reversing these

changes), it's not so obvious how psychological traumas can cause alterations in brain structure.

A lobster's tale

It turns out that these changes reach deep into our evolutionary past, long before human beings existed. We can actually see the sort of changes that occur in people who suffer PTSD prefigured in, of all creatures, the lobster. Lobsters belong to a very ancient branch of life; they waved hello to the dinosaurs and, unlike them, managed to survive the meteorite that ended the reign of the dinosaurs.

Lobsters are territorial and social: they have social hierarchies that enable higher status lobsters to lay claim to the best territories on the sea bed. But when a previously dominant lobster loses a territorial battle with an upstart rival and is forced off its patch, its previously dominant brain completely rewires itself; social trauma almost literally makes its brain dissolve.

This is all very unfortunate for lobsters but can we seriously apply this to humans? Yes, we can. For the neurotransmitters that cause these changes in lobster mood and behaviour, serotonin and octopamine, occur in humans too. The drugs we prescribe to clinically depressed human beings, such as Prozac, will also help a lobster skulking in its hole after a confidence-sapping defeat feel better.

So here we have the evolutionary root for why traumatic events cause neurodivergence: they change our brains. While the change in humans is not as wholesale as for a lobster, it's still profound.

We therefore know that changes in brain structure, caused by physical damage, degenerative disease or rewiring in response to psychological trauma, will produce neurodivergence in many people during the course of their lives. These too come under the umbrella of neurodiversity and they should be entitled to the same accommodations as those who have lived their whole lives with neurodiversity.

"The forms of dementia produce huge changes in brain structure"

Reasonable adjustments

In the UK, under the Equality Act passed in 2010, employers must make reasonable adjustments to ensure that employees with disabilities, or mental or physical conditions, are not prevented from doing their jobs. This crucial piece of legislation has been a boon for people suffering from physical disabilities but it is only more recently that it has started to be properly applied to neurodivergent people.

By the terms of the act, reasonable adjustments don't just apply to people who have always been neurodivergent but also to those who have become neurodivergent. For instance, someone who has suffered a stroke, and partially lost the ability to speak, could be accommodated by having their work moved into writing. Reasonable adjustments would also include the employer allowing the employee extra time off for rehabilitation sessions.

The essence of the legislation lies in the idea that people should not be barred from employment as a result of being different from the norm, whether that be physically or mentally. As such, it is an endorsement of the idea that neurodivergent people have an equal role to play in society; an idea whose time has finally come.

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Seeking a diagnosis

Do you think you or your child are neurodivergent but aren't sure what to do next? Getting a diagnosis is an important first step, but don't feel intimidated – we walk you through the process here

Words Julia Mitchell

While recent years have seen a rise in awareness about the signs and symptoms of neurodiversity, the process of receiving a diagnosis can sometimes be lengthy, confusing, and even expensive. Navigating the healthcare system doesn't have to be tricky, though, and this article will explain how you can access the support that you or your loved ones need.

Doing the research

There are lots of resources available, and you can find information about a variety of conditions in this title. Other places to look include charities and national health organisations, such as ADHD UK and the National Autistic Society. Other websites can easily be found online, or through books from your local library. Don't worry too much if you feel confused – lots of conditions do overlap, and it's common for people to have more than one.

Some of the books and websites you look at may have screening tests. These can be useful tools to help you decide whether you or your loved one may be neurodivergent. Although a diagnosis itself can't be made solely from questionnaires like these, they can be a useful place to start, particularly in the early stages of your journey. It's worth noting here that these tests are not definitive, and regardless of what a questionnaire may say, it's still worth seeking clinical advice if you feel that something isn't right.

Once you have an understanding of the symptoms of the relevant condition, it could also be useful to keep a diary of your experiences, noting down what happens, when, and how it makes you feel. Try keeping this diary over the course of a few weeks, and see what you have at the end of it. It might also be helpful to think about the impact that these symptoms have on your life overall, and how gaining a diagnosis might help.

"There are lots of resources and you can find information about a variety of conditions in this title"

“It could be useful to make a note of the symptoms that your child displays, and at what point they started to develop”

Seeking a diagnosis for a child can often be a slightly different process, and may need to involve their school (if they have one). As their brains are still developing, symptoms can be slightly different in children than with adults, so it’s worth taking this into consideration while you are researching. Again, it could be useful to make a note of the symptoms that your child displays, and at what point they started to develop, so that you can take this with you to your medical appointments. This might be something that your child’s class teacher or special needs coordinator can help with if they have been displaying symptoms at school. Older children

or teenagers may be able to play a more active role in this process by helping with the research and explaining how they feel.

Approaching your GP

When you feel ready, it's time to make an appointment with your general practitioner. This can be a nerve-wracking step, but being prepared will help you to approach the appointment with confidence. It's a good idea to write down a list of symptoms, or reasons why you feel that you might be neurodivergent, so that you know what you want to say in the appointment. Then if you get stuck, you have something to refer back to. Also, don't be afraid to ask for a second opinion if the appointment doesn't go how you hoped.

The exact process that you follow will be different depending on the healthcare system in your country, but as a general rule, your primary care doctor should refer you to a specialist mental health professional. This could be a psychiatrist, psychologist or paediatrician, for example. It's likely that you and your family members will have to complete a series of questions about your symptoms and how they present. Sometimes you might be asked to complete these at home before your appointment for your doctor to review. This helps the professional to develop a fully rounded view of how you have experienced symptoms throughout your life, which is important for many conditions that begin in childhood.

Navigating waiting lists

In the UK, there are often long waiting lists for psychiatric assessments. If you're based in England and the wait using the National Health Service is too long, you may be able to locate an alternative provider for certain conditions using Right to Choose, which should then be paid for by the NHS. You can find out more about this on the Right to Choose website. There are also a variety of private options if you would prefer to go down that route.

It's important to know which mental health professionals are able to diagnose which conditions, especially if you are hoping to look privately. In the UK, an adult ADHD or autism diagnosis can only be made by a psychiatrist, while a dyspraxia or dyslexia diagnosis for a child can be made by a different professional. Your GP should be able to provide you with the relevant information, which you can also find on the NHS website.

Pros and cons of seeking a diagnosis

Deciding whether or not to pursue a formal diagnosis is a personal choice, and only you can decide whether it's something that's right for you and your family.

There are a wide variety of potential benefits from receiving a diagnosis, including the opportunity to understand yourself or your child better. If the diagnosis is for you, you'll be able to request reasonable adjustments at work, in order to ensure that you have the necessary support to complete your role in a way that works for you. If it's a child or young person who receives the diagnosis, they should be able to access support from their school.

Although receiving a diagnosis can be very beneficial, it can also be highly overwhelming. The process can be long, and might require you to discuss personal information that makes you feel uncomfortable. Others may worry that people will treat them differently once they have a diagnosis, or that they might face discrimination at work. Unfortunately there is still a stigma towards many conditions, and not everyone will understand the implications of your diagnosis. It's also important to consider how you might feel once you've been assessed.

Ultimately, it's up to you whether or not you decide to pursue a diagnosis. Whatever your decision, make sure that you speak to someone you trust, and always remember that you don't have to face it alone.

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Neurodiversity in children

How does neurodiversity manifest itself in children, and is it something to worry about? We speak to Dr Sinead Doyle to understand what it means, and how to support neurodiverse children

Words Ben Grafton

Dr Sinead Doyle

Consultant Community Paediatrician

Dr Sinead Doyle is a Consultant Community Paediatrician, specialising in the care of children with emotional and learning difficulties. During her career she has worked with children who live with neurodiversities and mental health conditions.

What exactly do we mean by 'neurodiversity' in children?

Neurodiversity is a broad umbrella term that describes the variety of ways in which our brains can function and process information as human beings. It is generally a positive term which celebrates our differences and the benefits that neurodiversity can bring both to individuals and to society as a whole.

Neurodiversity is generally thought to include a number of conditions including Autism Spectrum Disorder (ASD), Attention Deficit and Hyperactivity Disorder (ADHD), Developmental Coordination Disorder (DCD – previously termed dyspraxia) and specific learning difficulties, including dyslexia (difficulties with reading and writing) or dyscalculia (difficulties

“Neurodiversity is generally thought to include a number of conditions”

with processing numbers and arithmetic). In some definitions, mental and emotional health difficulties may also fall within the scope of this umbrella term.

These conditions can all be diagnosed at any stage of life; however, due to increased awareness of how these conditions present, as well as availability of diagnostic and support services, they are increasingly being diagnosed in childhood.

What are some of the more common conditions that we might see in children who may fall under this umbrella term?

Currently, the most commonly diagnosed of these conditions in children are autism and ADHD. Diagnostic services for children have seen a huge increase in referrals over the last decade, alongside an increase in private diagnostic services due to long waiting times for assessment through the NHS.

Autism and ADHD present differently, however, it is recognised that there is an overlap between these two conditions, with some children and young people meeting the criteria for both conditions.

Autism is defined as a 'social communication disorder' with the key feature being difficulties with social interaction. This can present as anxiety in social situations, difficulties navigating friendships and relationships, and difficulties understanding both social 'rules' (how we are expected to behave in 'polite' society) and social 'cues' (that is, how we communicate our thoughts or feelings through eye contact, gesture and tone of voice for example).

Other key features include a strong need for routine or order; in younger children this may be seen during play, when they may demonstrate a reduced range of interests, difficulties with flexibility or taking turns, and a preference for more structured and less imaginative play.

Some children and young people will present with what are termed 'sensory processing difficulties' – these are differences in the way they process

information obtained through our five senses (that is touch, taste, smell, sound or visual stimuli). If children experience sensory input in a more heightened way, they may look to dampen this by covering their ears with loud noises, for example, or choosing to eat blander foods. Equally, if they have a reduced experience of sensory input, they may seek to increase this by choosing toys with bright lights or by performing large movements of their body.

In comparison, ADHD is a condition defined by significant difficulties with maintaining attention and focus, managing impulse control and managing excess levels of energy. As with autism, to make a diagnosis, there must be evidence that the child or young person's symptoms are leading to a significant impairment in their life, both at home and in the educational setting. As both conditions are related to brain development in early life (also known as 'neurodevelopmental' conditions), there must also be evidence of symptoms being present or developing in early childhood.

Is it important to seek a diagnosis if you feel that your child is presenting with one of these conditions?

Seeking a diagnosis can be a long journey for some families, and some parents may be concerned about seeking a 'label' for their child, and what that might mean for them in the future. However, if the child or young person is struggling because of their difficulties with learning and taking part in school, for example, receiving a diagnosis may allow them to obtain additional support in school and from other support groups and charities.

They may also receive support from health professionals where needed, and in some cases medication may be offered to support specific symptoms. For the young people themselves, a diagnosis may offer them a better understanding of their identity and give a sense of belonging. There is evidence that an earlier diagnosis leads to better long-term outcomes, particularly in terms of emotional wellbeing and mental health.

In general, it is felt that a diagnosis should offer some benefit to the child or young person. If a child is demonstrating some features of a neurodevelopmental condition but is otherwise thriving, it may be worth their parents discussing with the school or family practitioner about whether a referral to a diagnostic service would be beneficial.

So how exactly can these conditions impact a child within their home and school life?

Every child presents differently and will face varying degrees and types of difficulties. In addition, a child's difficulties will always be considered within the context of their family as a whole.

If we consider a child with autism, one of the most common challenges that they might face is developing friendships and social relationships, particularly within the school setting, and some children may

"A diagnosis may offer them a better understanding of their identity"

need significant levels of support with this. They may also find the school environment challenging due to their sensory processing needs, and adaptations may need to be made to the learning environment. For some children, there may be additional difficulties with development of verbal communication and with their learning; this will require support from other professionals such as speech and language therapists and educational psychologists. In some cases, the child's learning needs may be better met in a specialist educational setting.

For children with ADHD, learning can also be impacted, although this is often secondary to difficulties with focusing and sitting still. Children can struggle to listen and follow instructions, and can become frustrated easily, leading to conflict with other children in the class and what appear to be on the surface 'behavioural difficulties'. Sensory processing needs are also a part of this condition and need to be supported accordingly in the learning setting.

Having a child with autism or ADHD can have a significant impact on family life. Due to their sensory processing needs, the child may require additional support with self-care, including toileting, washing, dressing and maintaining a healthy diet. Family life may also need to be adapted; attending social gatherings may require planning and support, and many families find certain activities may need to be avoided altogether. Behavioural challenges are often seen at home, which will have an impact not only on the parents but also the siblings.

Do these conditions always present in early childhood?

A key feature of autism is that it is a spectrum, so some children will present at a very young age, while others may not present until they are teenagers or indeed young adults, when social demands have increased. Children who have developed good speech and learning skills are likely to present later than those with difficulties in these areas. This is partly due to the fact that children with good learning can learn to adapt in social settings (sometimes termed 'masking'). Having said this, increased awareness of these conditions does mean that young people are now being diagnosed both with autism and ADHD at an earlier age.

“Getting the diagnosis right is important and so the process can feel quite drawn out”

It is important to mention that how children present can differ between boys and girls; historically boys presented with more classic symptoms so that girls often slipped under the radar until much later.

As a medical professional, how do you care for children with these conditions?

One of the key roles of medical professionals is to provide a robust and thorough diagnostic assessment. This is supported by guidance from ‘NICE’ – the National Institute for Clinical Evidence, which advises how these assessments should be performed. One key feature is that they should be multidisciplinary – and so we will work alongside other professionals such as speech and language therapists or clinical psychologists to assess and give a diagnosis.

The assessment process itself has a number of stages – it may look slightly different in different centres, but will typically consist of an information-gathering appointment and an assessment with the child, either in their school or at the assessment centre. Sometimes written information may also be requested from the school or other professionals involved in the child’s care. Getting the diagnosis right is important and so the process can feel quite drawn out for families at times.

Other developmental or mental health difficulties must be considered and excluded, and the child must meet specific criteria set out in the International Classification of Diseases (ICD–version 11).

Once we’ve clarified whether or not a child meets the criteria for a diagnosis, we then consider the support that child might need. Some children and families may require practical support, for example with eating, growth or toileting. Sleep can also be an area of difficulty and families can be referred to specialist sleep services for support. Other allied health professionals may become involved where needed, such as dieticians or occupational therapists (who support with sensory processing needs). Other families may need support around behaviour or emotional needs and they will be sign posted to appropriate services.

As medical professionals, we do liaise closely with education to ensure a child’s needs are being met in school. If a child’s needs are felt to warrant an Education Health and Care Plan (EHCP – previously called a ‘statement of educational needs’), we will provide a medical report towards this.

What’s the best way for parents and family to support their child?

If you are concerned about your child, raise these concerns early with professionals who can help – I would recommend approaching the school SENCO (special educational needs co-ordinator) if your child

is of school age, or the health visitor if your child is pre-school age. They will be able to discuss these concerns with you and discuss referral processes and appropriate support services available.

If you are concerned that your child requires further support in school, it is again a good idea to discuss this with the SENCO. Both schools and parents are able to apply for an Education Health and Care Plan if a child needs a certain level of support. An assessment is performed, and a document created which outlines the support the child requires – this is also supported by additional funding for that child.

If you are concerned that your child is not placed in an appropriate educational setting and would like support, you can contact the SENDIAS team (Special Educational Needs and Disability Information, Advice and Support) within your local area.

What about the emotional support of families?

Families may want to reach out to appropriate charities who can offer excellent support, including support from families going through similar experiences. These may include UK-wide charities such as the National Autistic Society or the ADHD Foundation, or local charities supporting families in the region. Details of these are usually found through the Local Offer – a page on your local council website with listings of specific support groups in your area.

If there are specific challenges at home, families can self-refer to a team within the council termed Early Help – they will perform an assessment and if applicable will allocate a family support worker. Self-referral can be made through Early Help Hubs in the local area.

If you are concerned about you or your child's emotional or mental health, you can approach your GP or the school nursing team for details of support services available. You may also want to look at charities such as Mind (**www.mind.org.uk**) or Young Minds (**www.youngminds.org.uk**)

Why might someone choose not to get a diagnosis?

I can't speak for individuals who have been through the diagnostic process but I can imagine that it may seem like a daunting process, as it often involves numerous different professionals and multiple appointments. If you struggle in unfamiliar social settings or around unfamiliar people then coming to an assessment centre may seem overwhelming. If you are concerned, it may be worth speaking to the centre to consider ways that the assessment can be modified to support you.

As mentioned previously, some people may be fearful of receiving a diagnosis that may be seen as a 'label' or associated with perceived stigma. Fortunately, the awareness around neurodiversity has much improved and inclusion and support is now greatly encouraged. Many young people often feel relief and improved self-esteem after receiving a diagnosis.

For some young people or families, they may recognise certain traits of these conditions but not feel any need for a diagnosis as the young person is thriving and does not require support. There may also not be enough features for that person to receive a diagnosis, which is perfectly acceptable – I think we can all at times empathise with a certain need for self-isolation and a sense of control! The key is to recognise children who will benefit from a diagnosis and who require additional support to ensure they thrive as they transition to adulthood.

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Neurodiversity in adulthood

As neurodiversity enters the mainstream, more and more adults are seeking, and receiving, diagnoses of neurodiversity. We've spoken to people who have done exactly this...

Words Edoardo Albert

A first cousin of the writer of this article is probably autistic – but he's never been diagnosed and now he never will be. He's become comfortable in his skin and is not looking for any explanations as to why he is the way he is. Besides, as he is 61, for most of his life no such diagnosis would have been possible. He's capable, fluent in language (speaks Italian, German and English) and lives his own life. But he also never realises when he's speaking too loudly, misses social cues and, once fixed on a plan, finds it impossible to change it. These

are classic signs for autism today but that wasn't always the case. For most of his life, he wouldn't have been diagnosed with autism even if he had decided to go and see a doctor.

Autism was only added to the manual of mental disorders, the Diagnostic and Statistical Manual of Mental Disorders (DSM), in 1980. But according to this, he would not have been diagnosed with the condition because the diagnostic criteria included gross distortions or deficits in language and rigid attachment to objects. It was only in 1994, with the fourth edition of the DSM, that he might have been diagnosed with a new subtype of autism, Asperger's syndrome. By then he was 31. So for more than half of his life, no autism diagnosis would have been possible for him.

Now, so far as he is concerned, it's not a matter that interests him. He knows who he is and he doesn't need a label to tell him more.

However, not all adults feel this way. With the increasing acceptance of neurodiversity in wider society, increasing publicity about different conditions, and more and more high-profile people revealing their own neurodivergence, an increasing number of adults are seeking advice about whether they are, after all, neurodiverse. For this article we spoke to Issy Hawkins and Lara Ezekiel to ask why they had sought a diagnosis, what difference the diagnosis had made to their lives, and how it had affected their family and friends.

What made you seek a diagnosis?

Issy Hawkins: I speak a lot online about sobriety and addiction, and addiction is something that has

"An increasing number of adults are seeking advice about whether they are neurodiverse"

run in my family quite a lot. I'd seen research linking addiction and ADHD, and also eating disorders in women. My family has been troubled with addiction issues and eating disorders so I thought there might be something there, particularly as women are underdiagnosed for ADHD and autism. So in order to understand my family better, and with regard to children that I might have in the future, I wanted to see. It was curiosity more than anything.

Lara Ezekiel: It happened this way: one of my biggest struggles is packing to go on holiday. It's 3am, the taxi has arrived, the house looks like it's been burgled, nothing's fully packed, the children are still asleep and we're on the edge of missing the plane. And I

wouldn't have slept for 70 hours beforehand because I've been trying to pack. I always thought it was my fault and I just hadn't tried hard enough.

This time, though, we were going on holiday with my best friend and her family and she saw what I was trying to do. She saw I was on it – but that it just wasn't working.

Then the holiday got worse and worse. There was a point where my friend's husband said I was spoiling everything. I was never able to keep up with them. I was making everyone late. I was really down and I looked up about my issues and I read about executive dysfunction, which then led me to ADHD. But I thought I definitely didn't have ADHD because that was boys that can't keep still. But when I got home I did an online test and it came up that I had ADHD. And all the questions: they sounded like me. They were all Lara-isms. That's what my friends called it when I did stuff that other people didn't. I just thought that was me.

My whole life I was different. But when I was younger my friends accommodated me. My husband, who I've been with since I was 18, is great, so I've been lucky that way. I had a tumultuous upbringing. I remember when I was in year five lying on the floor crying my eyes out because I couldn't complete the homework because it had taken so long. Then at secondary school, the comments were always about me not being able to finish stuff – although I also never got to school on time. Almost every day I missed the first lesson. Then, from 17, I lived on my own and I thought my struggles were to do with that. I went to schools which

were pretty wild so I didn't stand out as much as I might have done at more normal schools. After school, I became a professional dancer. But I had so much frustration and self-hatred because I was never able to get past go.

The admin was the hardest. I was two hours late for my own wedding although, ironically, that wasn't my fault. After I got married, I realised there were ten years of unopened letters – so many fines and things.

The lateness was always the biggest thing because that impacts everyday life. They see it as me being late but what they don't see is what is going on behind the scenes.

How old were you when you went to your doctor about this?

IH: I was 31.

LE: I was 35 and a half when I went to the GP and I was diagnosed at 37.

Find a way forward

NHS assessment is all very well but what do you do if your GP refuses to refer you? Unfortunately, a significant number of people have encountered this problem. However, it's not the end of the road; there are other ways to get your diagnosis.

If your GP refuses to make a referral, you are within your rights to ask for a second opinion. You can make a formal request for a second opinion or you could simply make another appointment but ask to see a different GP at the practice. If you do the latter, you do need to tell the doctor about your previous conversation.

Should there be no other GPs available at your practice, you can change practice. You could also decide to have a private assessment for the condition. Unlike an NHS assessment, you will have to pay for this. However, you will usually be seen much more quickly (although do check that they are professionally recognised).

An important option available to NHS patients in England is the right to choose the people providing you with healthcare. Should the waiting time be too long, the distance too far or the tester not sympathetic to your needs, then you can ask for an alternative test provider.

Was it straightforward getting a diagnosis?

IH: No, it wasn't. I found my doctor was very dismissive. He made me cry on the phone because he made it out to be some sort of fad: "Everybody wants to be diagnosed with ADHD now". This, despite there having been a lot of suffering in my family, so I found that quite upsetting. He was gatekeeping and claimed that there was a huge waiting list and there were no providers anyway in my area. Luckily, I had researched my right to choose, and I suggested a provider who would be able to see me in three months. I had to hound them to refer me. They kept on trying to refer me to a different provider and I kept on having to say no because the waiting list there was too long. It was a really difficult process but I needed to go via the NHS pathway as I wanted to make sure I could get help afterwards.

Because my GP put so many obstacles in my path I very nearly said, "Okay, just don't worry about it".

LE: It was easier in my case, although I had to wait a year and a half for the referral. I went to the GP and he said, "Okay, I'll pass you on".

How did you find the testing procedure?

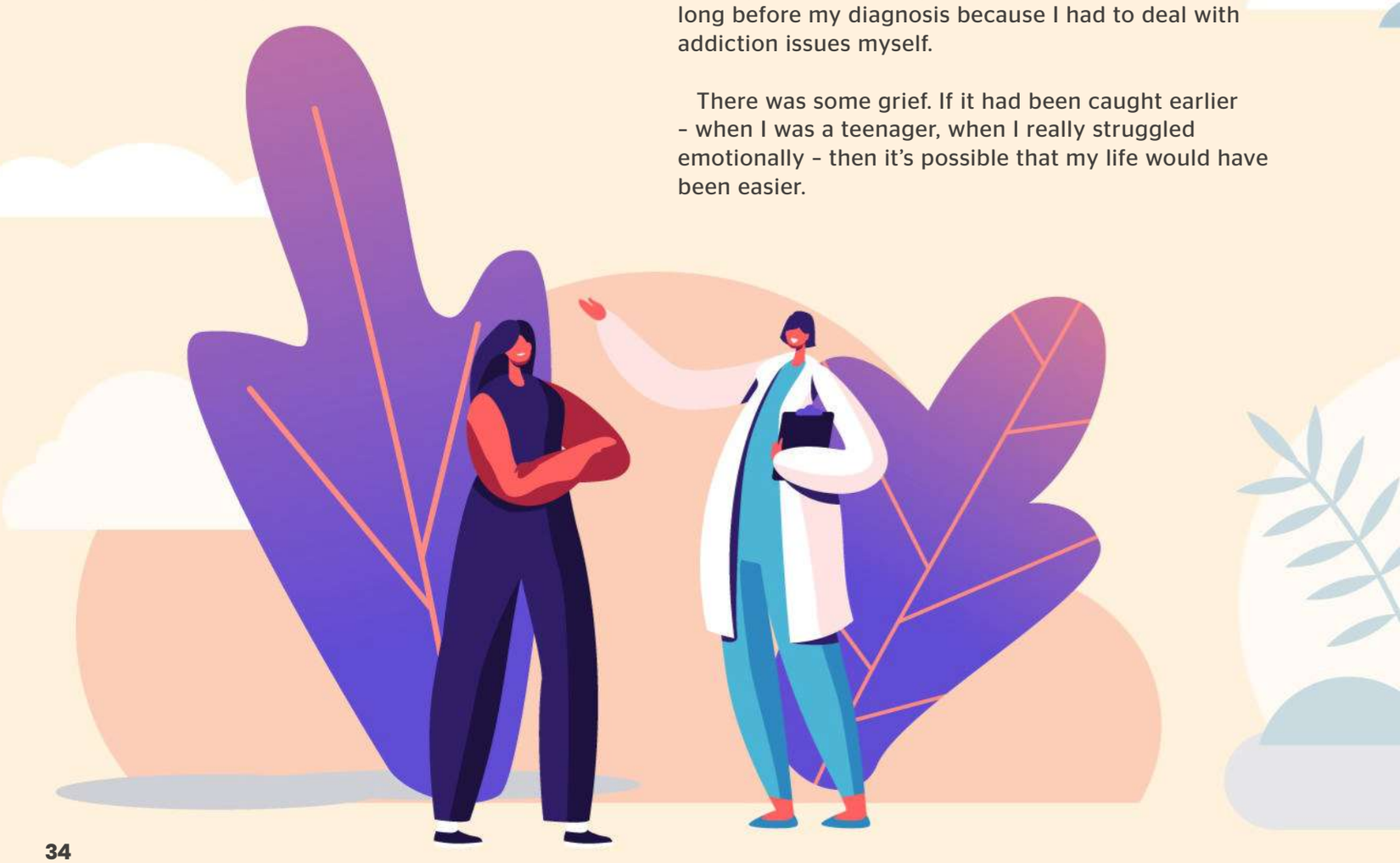
IH: It was an online appointment. At the start I had to prove who I was by showing my driver's licence which, as anyone with ADHD will tell you, is no easy matter for us. After I had finally found it, there were some forms to fill in. They also needed someone who knew me well to fill in a report about me. The whole thing took about an hour.

LE: The questions the tester asked were brilliant. At the end she said, "I don't think it will come as any surprise to you to learn that you have ADHD". The funny thing was, when my dad had to fill in the form for what I was like as a child, he kept on saying, "But that's normal". I'm now positive my dad has ADHD too.

What difference has having this diagnosis made to your lives?

IH: In terms of understanding myself and some of my family, it's made quite a big difference. But I had already had to come up with coping mechanisms long before my diagnosis because I had to deal with addiction issues myself.

There was some grief. If it had been caught earlier – when I was a teenager, when I really struggled emotionally – then it's possible that my life would have been easier.



LE: Completely life changing. By the time I went to the referral I thought I had ADHD but there was still a niggling doubt. When I knew it was true I went away and learned and learned – and learned about my life. It all made sense now.

I realised how much self-hate I had from trying and failing so much. But then I knew I wasn't the only one and it wasn't my fault. I really had been trying. It wasn't that I hadn't been trying enough.

Since then, I have gone even deeper into ADHD and ways to live with it; I must have read hundreds, thousands of books and articles about it. I volunteered for my local NHS group to help others who've just had a diagnosis of ADHD. I saw the struggles of the ADHDers and in most cases what it came down to was admin. Their lives were being ruined because of admin. So with all the research I had done, I was able to help them. That's made a huge difference to me – and them too, I hope.

Has your diagnosis made a difference for the people around you, your family and friends?

IH: My husband was pretty certain I had it. He'd already done research on ADHD and understands that sometimes I get overwhelmed and knows in those situations he needs to be a bit more supportive.

What's been most interesting is seeing other people in my family get diagnosed. It has allowed us to understand why things happen the way they do and not get frustrated.

There's also a lot of conversations going back over things that happened. I'm one of four children and there were many emotional meltdowns, obsessive behaviours, eating disorders and addiction issues. Now we're saying, "Do you remember that time when...?" and it all starts to make sense. It's given us a key to understand a lot of the things that happened in the past.

LE: After I got diagnosed, I went around telling people, telling everyone: this is me. This is the reason for all the Lara-isms. I didn't want to be in trouble anymore for things I couldn't help. Some people were interested. Some weren't. If they weren't, I let that go. It definitely helped my husband, him knowing, and my best friend, it helped her too.

And most importantly, I don't want my children to go through what I went through. Neurodiversity runs in families so they'll probably have their own issues. But at least I understand it all better now. And I have big plans for ways to make a future where neurodiverse and neurotypical people stand side by side.

Fashion or freedom?

Rates of diagnosis of all the different types of neurodivergence has surged over the last decade but none has increased as dramatically as ADHD. In 2012, the NHS prescribed medication for ADHD for 8,000 people, of whom more than 6,000 were children. By 2022 that number had surged to 26,000, with the gap between adults and children narrowing rapidly. This is just the number of people prescribed drugs to treat ADHD; the number with a diagnosis but who have opted not to use medication is much larger.

This rise has prompted concerns that it's all just a social-media trend. On TikTok, there are millions of posts tagged #adhd and they've had billions of views. Some doctors have worried people are diagnosing themselves through online questionnaires, while others suggest that there are now social benefits to labelling yourself with a neurodiversity, particularly one like ADHD, that has plenty of celebrities sporting their ADHD badges.

However, since the National Institute for Health and Care Excellence estimates that five per cent of the children in the UK have ADHD, and between three and four per cent of the adult population have it, then even with the current steep rise in diagnoses, it remains true that the great majority of people with ADHD have not been formally diagnosed.

This holds even truer for people with less 'fashionable' neurodivergences. Estimates suggest that around 15% of the UK population, which is one person in seven, has some form of neurodiversity. This would mean that the majority of neurodivergent people in Britain, and also around the world, have no formal diagnosis of their condition. Some will know that they stand out from the crowd and, where knowledge of the different forms of neurodiversity has spread widely, they might well be able to label it. But in many cases, these people will carry on in silence, struggling alone, ascribing all their difficulties to some failure in themselves rather than knowing that it's a feature of the way they are made.

If there is one reason to be grateful for the spread of #adhd and #autism and other similar tags on social media, it's for the fact that more and more people are seeing their difficulties reflected in the lives of other people and realising that, no, they're not alone and that it's not their fault.

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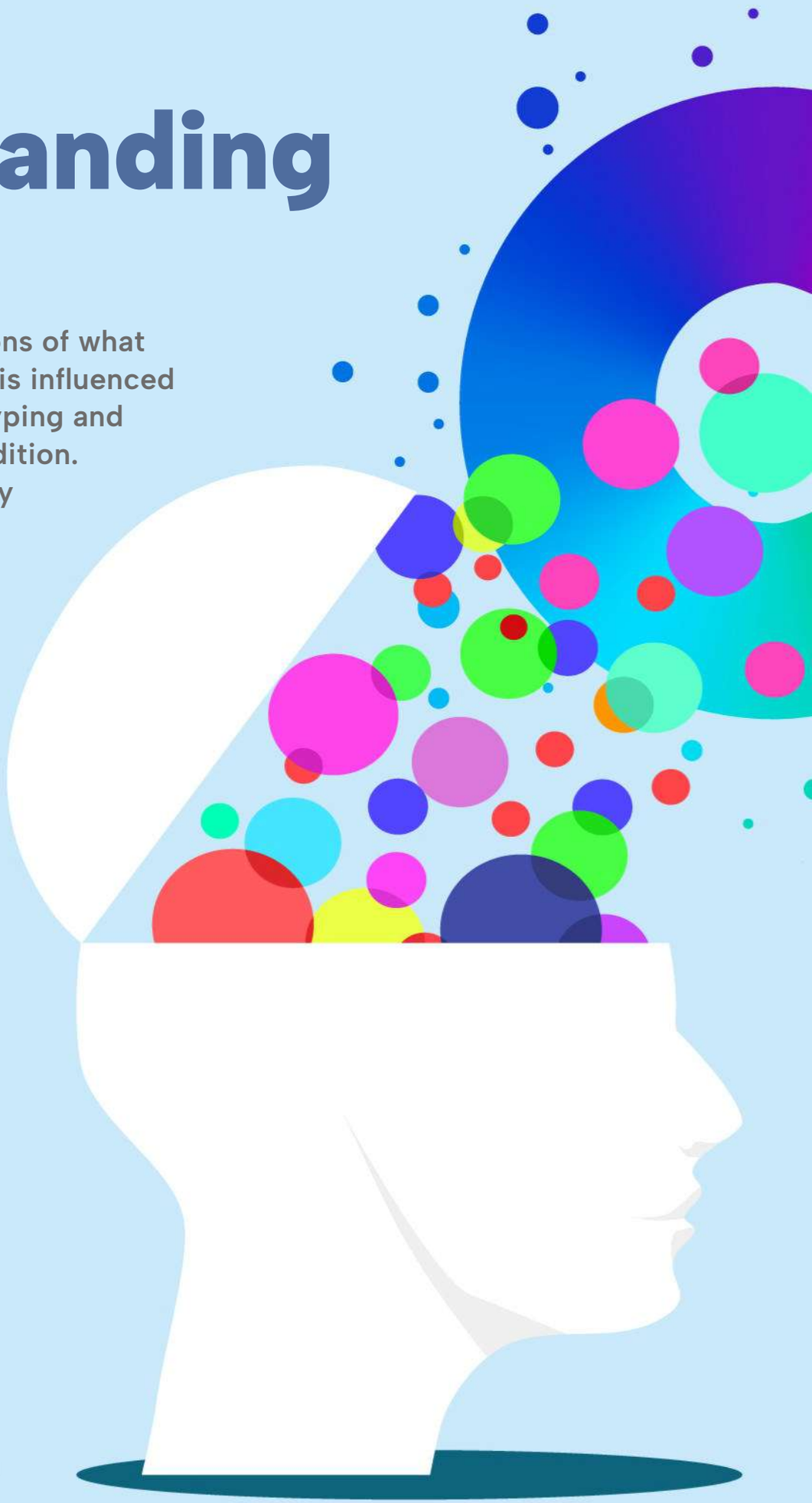
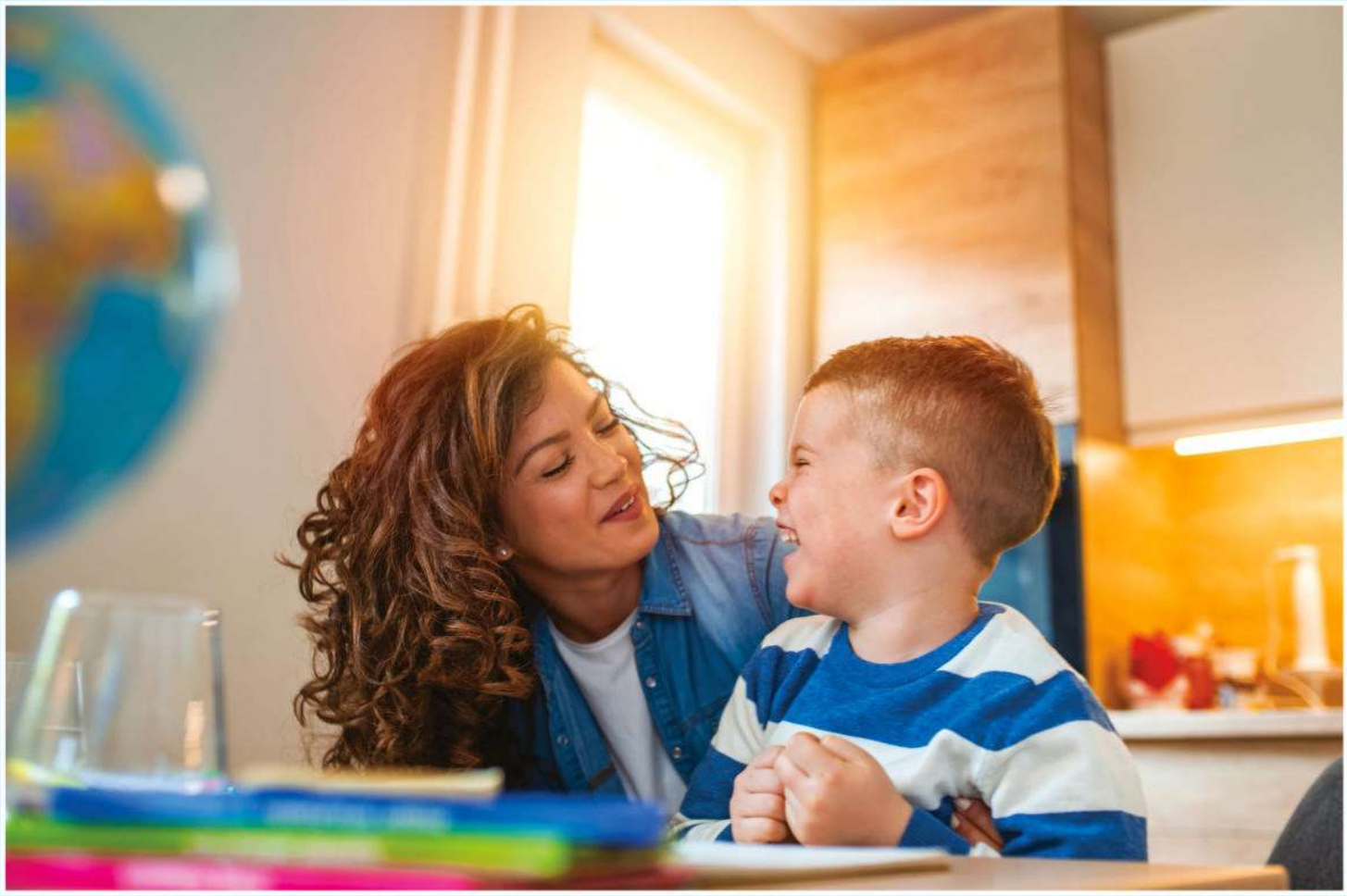
Understanding autism

There are many preconceptions of what autism is – and isn't – which is influenced in part by inaccurate stereotyping and misunderstanding of the condition. We explain this neurodiversity in more detail

Words Julie Bassett



The World Health Organisation estimates that 1 in 100 children has autism globally, though this doesn't consider those who are undiagnosed or misdiagnosed, and there is also little data from low- and middle-income countries. The actual prevalence is likely to be higher. The National Autistic Society estimates that there are around 700,000 autistic adults and children in the UK; and data from the CDC's Autism and Developmental Disabilities Monitoring



Network in the USA puts prevalence in the country at around 1 in 36 children.

The definition of autism has also changed and developed over time, as our understanding of the condition and the way it can impact on people has evolved. Autism is a spectrum condition, meaning that it's a disorder that covers a broad range, affecting people in lots of different ways and with varying degrees of severity. Some people with autism need very little support day to day, whereas others need 24/7 care.

What is Autistic Spectrum Disorder?

Autism – also known as Autistic Spectrum Disorder (ASD) – is a lifelong developmental disability, affecting the way the brain works and the way a person interacts and communicates with the world around them. While those with autism are born with it, it's not always recognised immediately or at a young age; many people are not diagnosed until they're much older or may not be diagnosed at all. It's not a medical condition, so it's not something that can be 'treated' or 'cured'; however, someone with autism may need extra support in areas of their lives. Like all forms of neurodiversity, someone with autism may exhibit atypical patterns of thought, learning or behaviour, and this will vary from person to person.

It's not known what causes a person to be born with autism, but like many conditions, it's likely to be multi-faceted; there isn't any single cause. It's thought there may be a genetic element, as autism can be present within families. However, what we do know is what it's not caused by; it is not linked to the way someone is brought up, the administration of vaccines, diet or an infection. It's a developmental difference that someone is born with. At present, more boys are diagnosed with autism than girls – about three times as many – however, researchers are starting to understand that autism may present differently in females, women may be more likely to 'mask' their symptoms and they may also face more barriers to being diagnosed.

“It can take someone longer to understand instructions, and they may engage in repetitive behaviour”

There are some traits that are often associated with people who have autism, such as finding it hard to communicate and interact with others; finding it hard to interpret how others think and feel; and finding social situations difficult. It can take someone longer to understand instructions, and they may engage in repetitive behaviour or have repetitive thoughts. They may also be overstimulated by things like bright lights or loud noises, and may get anxious, upset, stressed or uncomfortable in these circumstances. Some people with autism have a learning disability (around a third), while many have average or above average intelligence.

Co-existing conditions

There are other conditions that can sometimes co-exist alongside autism (called co-morbidities; where two or more conditions are present in one person at the same time). Here are some of the most common conditions that be present with autism:

ADHD

Attention Deficit Hyperactivity Disorder is a developmental disorder that affects behaviour, and can cause restlessness, difficulty concentrating and impulsivity.

Dyslexia

Dyslexia is a common learning difficulty that impacts on a person’s ability to read, write and spell, but it’s not related to intelligence. It can sometimes run in families.

Dyspraxia

Otherwise known as Developmental Coordination Disorder (DCD), dyspraxia affects a person’s physical coordination.

Mental health conditions

It’s not uncommon for someone with autism to also struggle with anxiety, depression or other mental health conditions, like Obsessive Compulsive Disorder (OCD). Having autism can make daily situations more difficult to manage, which can trigger some mental health conditions.

Epilepsy

People with autism are more likely to develop epilepsy than someone who is neurotypical; and people with epilepsy are more likely to be autistic*. Epilepsy is an imbalance in brain chemistry, which can cause seizures, but it is not a cause of autism, or vice versa.

* Source: National Autistic Society

As ASD is a spectrum disorder, those with autism can have varying support needs, depending on how the condition affects them. Being neurodiverse is just that: diverse. And while that diversity can make some aspects of life more challenging, it can also enhance other traits and strengths.

Someone with a more severe learning disability, for example, may need full-time care and support to enable them to manage aspects of their personal care and education. While others may have a specific learning difficulty, like dyslexia, alongside their autism (see our boxout). Those without any learning difficulty may need support in other areas, such as managing social situations or learning to regulate in difficult environments. Some people with autism struggle with verbal communication, which can range from finding it hard to express themselves to being completely non-verbal and needing to learn to communicate in other ways.

Signs of autism

Many people with autism are diagnosed in childhood. There are sometimes signs that a child might have autism from a very young age, which can include

things like not responding to their own name, avoiding eye contact, repetitive movements or sounds and phrases, not taking part in 'pretend play' and not talking as much as their peers. In older children, it can look like struggling with changes to routine and structure, finding it hard to understand common idioms and taking them literally, finding it hard to express emotions and thoughts, and finding it hard to understand how others might be thinking or feeling.

There are other signs you might notice in children with autism. They might be anxious and overwhelmed; exhibit certain behaviours like stimming (a repetitive behaviour like rocking, flapping or flicking) and meltdowns (a loss of control); struggle with eating certain or different foods; have problems sleeping; and find it hard to make friends.

As mentioned earlier, traits of autism might present differently in boys and girls. Boys might show more external or obvious signs, whereas girls may try and copy other children to mask and blend in. They may also outwardly appear to cope better in groups, but also withdraw in difficult situations.

Some people don't get diagnosed in childhood, but may exhibit certain traits as adults. This doesn't mean that autism has only developed in adulthood – an autistic person will have always been autistic – but they may have been overlooked, not noticed, or able to mask. Many of the traits to watch out for are the same as in children, including things like not understanding sarcasm, struggling to interpret other people's thoughts and feelings, coming across as blunt or rude, feeling anxious in social situations and avoiding eye contact.

It can be a long process to get diagnosed. If you think that either you, your child or someone you care for has autism, then you can initially speak to a doctor or other

Resources and support

There are plenty of online and in-person resources available to people living with autism or caring for someone with autism. There are training courses for parents and carers to give more detailed advice on how to support someone with autism. Plus, there are in-person support groups for those with autism and their carers, which you can usually find out about via your local support services team or an autism specialist in your area. For a child with autism, the school nurse or health visitor services can give you lots of information on support that's available.

There are some great charities with websites full of useful resources, ideas and support services:

Autistica
www.autistica.org.uk

National Autistic Society
www.autism.org.uk

Autism Speaks
www.autismspeaks.org

Autism Society
www.autismsociety.org

Global Autism Project
www.globalautismproject.org

World Health Organisation – Autism fact sheet
www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders

health professional to ask about getting a referral to an autism specialist; a child may also get referred via their school. The specialist will then conduct an assessment, which can include a series of questions, an overview of previous health records, speaking to other people who may offer some insight into behaviours or traits, and in the case of children, watch how they interact and play. A diagnosis can help you to access help and support to aid with day-to-day life.

Strengths associated with autism

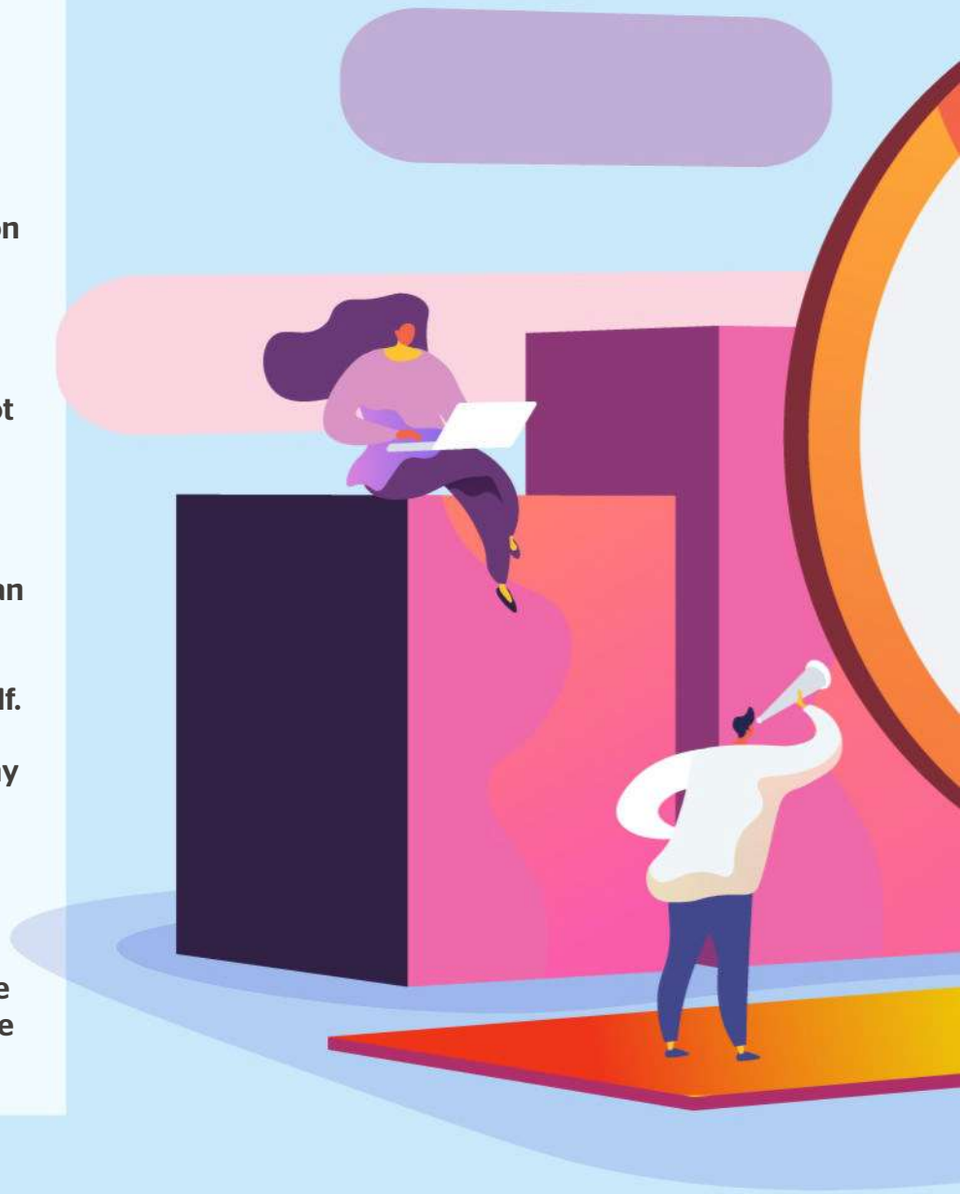
It can be quite overwhelming to be diagnosed with autism, or to care for someone who is diagnosed with autism. It's important to remember that while a person

Support for carers

If you care for someone with autism, it's important to know where you can get support. This can include support and resources that enable you to help the person with autism, but this should also include support for yourself.

Caring for someone with autism can take time and energy, especially if they need a lot of support or 24/7 care. To be able to look after someone with autism effectively, it's important you look after your own mental and physical heath too. There are services and resources available for carers, which can include financial support to look after your wellbeing or to pay for additional physical help so you're not doing everything yourself. You may also be able to get some respite care, enabling you to take short breaks away from your caring responsibilities.

Be sure to confide in friends and family too, so that you have someone to talk to. Consider joining local support groups for carers so you can connect with others in the same situation, and who will understand the challenges you might be facing.



may experience challenges in some areas of life, being neurodiverse can also mean that a person can approach things from a different perspective and have traits that can enhance the way they live their lives.

There are some common traits among those with autism that have a positive impact, and again this varies between individuals. For example, someone with autism may have enhanced sensory observation skills, including things like exceptional pattern recognition and good attention to detail. They may also see colours with greater intensity and have better hearing and pitch detection. They may be able to isolate different sounds more easily and have a better sense of smell.

People with autism may also have cognitive strengths that can have benefits in both their personal and professional lives. For example, many people with autism will have specific, focused interests, which can sometimes be quite niche, leading to them becoming experts in that field. They may also have a better memory, often retaining small details and information, and can sometimes have the ability to 'hyperfocus' on a specific task with intense concentration. Autism can also be linked with a more lateral way of thinking, which can help with the generation of 'out-of-the-box' ideas and finding creative solutions. Using inherent pattern-recognition skills, those with autism may also excel at problem solving and decision making. Where those with autism thrive with routine, this can make them exceptionally organised and able to create and follow structures.

Many of these traits can be harnessed to positive effect. In education and the workplace, the ability

What about Apserger's?

Asperger's, or Asperger syndrome, is a condition that used to be its own separate diagnosis – and those who have had a previous diagnosis of Asperger's may retain that diagnosis. Now, however, it's considered as part of the autism spectrum and does not require a separate term or diagnosis. There is also controversy over the historical implications of the work of Hans Asperger, after who the condition was named.

Asperger's is often described as having 'high-functioning' autism. Those with Asperger's tend not to have the same learning and developmental disabilities that many people with autism have; they have normal or above average intelligence, and do not usually struggle with verbal communication. However, those with Asperger's may have a specific learning disability, or other areas in which they need support. They often display other traits associated with autism, such as intense focus on specific areas of interest, problems interacting socially or recognising social cues, or exhibiting repetitive behaviours and routines.

While the term is not used any more, you may still come across it due to a previous diagnosis, or in the media (some films, TV series and books feature characters with Asperger's), so it's important to understand what the term means and where it sits in the autistic spectrum.

to offer a different way of thinking can be hugely beneficial, helping to drive innovation and creativity. There are many examples of well-known figures who have been diagnosed with, or suspected to have had, ASD and have excelled in their fields, despite finding other aspects of their lives more challenging, including Charles Darwin (naturalist), Emily Dickinson (poet), Bobby Fischer (chess grandmaster) and Bill Gates (founder of Microsoft).

Adapting to life with autism

If someone you care for, or care about, is diagnosed with autism, or you are yourself diagnosed, there are things that can be done to support them/you and make daily life easier. There are online and local resources available to find the right support and also to give ideas on ways to adapt life to address particular challenges – see our boxout on 'Resources and support' (see p43).

It's possible to make life a little easier for those with autism and help them adapt. For example, many

“Where possible, try and create a regular and consistent daily routine”

people with autism thrive on routine and structure, but struggle to adapt to change. Where possible, try and create a regular and consistent daily routine, so that it’s clear what’s coming next. This might be presented in a visual way, with pictures that represent a typical day, or it might be a written set of tasks.

Where there is an upcoming and unavoidable change, it’s best to prepare for this as much as possible, providing clear information about the change and why it’s happening. Some children, for example, may struggle with transitioning from a school-day routine to the school holidays, when there is generally less structure. You could create a countdown to the end of the school term so the child knows it’s coming, as well as spending time explaining what the holidays will look like and how their routine will be impacted.

If a person with autism struggles with speech, there are various tools and resources available to help with alternative forms of communication, such as Makaton or visual cards. Otherwise, if a person can verbally communicate but struggles with understanding and interacting with others, it can mean learning and adapting the way you talk to them to make it easier for them to understand. This can look like keeping information clear and concise, not using idioms or phrases that could have multiple meanings, asking specific questions, and using their name so that they know you’re talking to them.

As every person with autism is different, and has different challenges and strengths, the resources and adaptations to support them will also be different. Learning and responding to particular challenges will help when it comes to finding the best ways to adapt. It can take time and patience, but with the right support in place, being autistic doesn’t stop a person from living a vibrant, happy and fulfilling life.

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Understanding ADHD

A complex yet commonly experienced disorder, Attention Deficit Hyperactivity Disorder (ADHD) gives individuals a unique combination of strengths and difficulties

Words Julia Mitchell

A common form of neurodiversity, ADHD is a condition that usually begins in childhood and lasts for someone's entire life. Although it can cause a variety of difficulties in everyday functioning for both children and adults, people with ADHD also have many strengths that make them fantastic family members, friends and employees. It's likely that you know someone who has ADHD – it's estimated that three to four per cent of adults in the UK live with the condition, with around five per cent of children meeting the diagnostic criteria globally. Recent years have seen increased awareness about ADHD, predominantly due to social media, which has led to an increase in individuals seeking a diagnosis.

What are the different types of ADHD?

ADHD is an umbrella term that can be broken down into three main subtypes: hyperactive/impulsive, inattentive, and combined. The idea behind this is that people generally present with different symptoms depending on the subtype, and are then diagnosed accordingly. For example, an individual with predominantly inattentive ADHD might experience difficulties following instructions and concentrating in class. This subtype is also known as ADD, although the term is now less frequently used. Other people with predominantly hyperactive/impulsive ADHD might find themselves interrupting others during conversations and find it difficult to sit still, while people diagnosed with combined type ADHD will possess a combination of the two sets of symptoms. Although thinking about ADHD in this way can help people to gain a stronger understanding of how they see and interact with the world, it's important to remember that this is a rough guide, and a person's symptoms will often not fit neatly into one box.

What causes ADHD?

Although it's not known exactly what causes ADHD, it's thought that a number of factors may be involved. The first of these is genetics, and research has found that ADHD often runs in families. This means that children who have relatives with ADHD are four times more likely to also have the condition. Other groups that are found to be at an increased risk of developing ADHD include people with traumatic brain injuries and epilepsy, as well as those who were born prematurely or at a low birthweight. It's thought that essential brain development occurs in the later stages of pregnancy, and babies that are born significantly early miss out on this brain development happening before birth.

Other research has identified changes in the brains of people with ADHD. For example, a part of the brain called the prefrontal cortex – which helps with emotional control, time management, organisation and problem-solving – is often smaller in children with the condition. Brain chemicals known as neurotransmitters also vary in those with ADHD, and this includes lower levels of the pleasure chemical dopamine, which is involved in the brain's reward system. While experts have much to learn about the causes of ADHD, research is ongoing, meaning that we might one day have a clearer picture about how it develops.

Common symptoms of ADHD

A broad condition with three subtypes, there are many different symptoms that are associated with ADHD. Each person's experience with the condition is unique, and it's not uncommon for people to experience different combinations of symptoms.

According to the UK's National Health Service (NHS), the criteria for children and teenagers with ADHD is well defined and agreed upon by experts. The symptoms of inattentiveness ADHD often include having a short attention span, being easily distracted, as well as making careless mistakes, for example, in schoolwork.

"Research has identified changes in the brains of people with ADHD"

Children with this type of ADHD might also seem forgetful, constantly be losing things, or have difficulties completing tasks that are tedious or time-consuming. Other potential symptoms of inattentiveness include seeming unable to listen to or carry out instructions, constantly changing activity or having difficulty organising tasks.

Symptoms of hyperactivity and impulsivity often present a bit differently, and can include being unable to sit still, especially in calm or quiet

Co-morbidities with ADHD

While ADHD itself can cause a wide variety of symptoms, it's not unusual for people with the disorder to have co-morbid conditions. In fact, more than half of people with ADHD also have another disorder, which can be confusing as symptoms can often be similar or overlap.

Research has found that people with ADHD are more likely to struggle with their mental health than those who do not. This is because some of the symptoms of ADHD can have an impact on the way that they think and behave. For example, ADHD commonly occurs alongside depression, anxiety and OCD, as well as oppositional defiant disorder and tic disorders. People with the diagnosis are also at a higher risk of abusing drugs and alcohol, and may find that they have difficulties with sleep. This means that it's really important for people with ADHD to keep an eye on how they are feeling, and seek help if they experience symptoms of mental illness.

It's also possible for people with ADHD to experience other neurodevelopmental disorders, and there is a strong link between ADHD and autism. Research has found that around 21% of children diagnosed with ADHD also have autism, while additional children also have autistic traits.

surroundings, fidgeting a lot and being unable to concentrate on tasks. Some children may seem to talk or move excessively, have difficulties waiting their turn, act without thinking, interrupt conversations, or have little or no sense of danger.

Adults can experience similar symptoms, as well as different ones. These can include carelessness and a lack of attention to detail, continually starting new tasks before finishing old ones, poor organisational skills and the inability to focus or prioritise. Other symptoms can include continually losing or misplacing things, forgetfulness, restlessness, difficulty keeping quiet, and speaking out of turn. Some people might find that they blurt out responses and interrupt others, experience mood swings, easily become irritable and have a quick temper, have an inability to deal with stress, exhibit extreme impatience and frequently take risks that might be dangerous or unsafe.

Gender differences

While it was previously believed that ADHD was more likely to occur in boys rather than girls, our understanding has progressed greatly over the years, and we now know that it commonly presents in all genders, although the symptoms can vary. For example, girls and women are more likely to experience symptoms that present internally. This can include feelings of being overwhelmed, a lack of motivation, being disorganised and feeling forgetful, shyness due to social anxiety, and perfectionism. Boys and men, on the other hand, are more likely to experience external behaviours that are more obvious

to other people. This can include seeming disruptive and aggressive, outbursts of anger and general insensitivity. Although these are patterns that have been observed by experts, these differences should be considered as more of a guide rather than a set of rules, and they won't necessarily apply to everyone.

What difficulties can people with ADHD have?

People with ADHD can experience a variety of difficulties depending on their symptoms, particularly if they are undiagnosed and don't know why they behave like they do. With children and young people this can manifest through difficulties at school, causing behaviour that may be disruptive as they struggle to concentrate and contain impulsive actions. Whether at home or at school, symptoms like these can be challenging, but they are not the child or young person's fault, and there are many ways that they can

What is masking?

A common coping behaviour experienced by people who are neurodivergent, masking occurs when people adapt their behaviours to fit in with those who are neurotypical. This happens because of a real or imagined pressure in society to behave in ways that are seen as socially acceptable, and can be detrimental to people with ADHD. Research has found that masking behaviours are more likely to occur in girls and women, as well as people from racial or ethnic minority groups.

Masking behaviours themselves can vary, but examples in ADHD can include:

- **Individuals hiding their true feelings to avoid triggering rejection sensitivity**
- **Making the effort to appear organised by setting multiple alarms and reminders**
- **Coming up with excuses for being late or missing important events**
- **Working extra hard to meet deadlines after leaving things until the last minute**

While masking can sometimes be beneficial and help individuals to manage their symptoms, it can also cause difficulties. For someone who finds themselves masking regularly, constantly monitoring and adapting their behaviours can lead to burnout. Masking can also make it more difficult for ADHD to be diagnosed in the first place, as the symptoms become less noticeable to others.

be supported. Symptoms in adults tend to be more subtle in nature – this is often because individuals have learned how to manage or mask their symptoms.

It's common for people with ADHD to experience rejection sensitive dysphoria (known as RSD), which can make relationships with others challenging. RSD is an intense emotional reaction that occurs in response to feeling rejected by others. It doesn't matter whether they have actually been rejected or not, the strong emotions that accompany RSD are very real and can be difficult to manage. This can impact on how individuals interact with others, and can sometimes result in being misdiagnosed with social anxiety caused by their attempts to avoid feelings of RSD.

On a practical level, people with ADHD can also commonly experience difficulties at work or with keeping on top of things at home. Known as executive dysfunction, it can be difficult for individuals with ADHD to organise themselves, manage their time and prioritise tasks. It can also be more challenging for them to initiate tasks, finding themselves in a state of task paralysis that either delays or completely stops them from getting things done. It's very easy for friends, co-workers and loved ones to misunderstand this as laziness, when it's actually caused by fear or from feeling overwhelmed.

It might be scary reading how many difficulties people with ADHD can face, but it's important to remember that with the right support, it doesn't have to hold them back in life.

Strengths associated with ADHD

While ADHD is often characterised by the difficulties it can cause, people with the condition also have a variety of strengths that shouldn't be ignored. For example, people with ADHD are well known for their ability to think outside the box, and for coming up with creative solutions to a wide variety of problems. They also tend to be extremely resilient and can perform well under pressure, while also having enhanced empathy skills and understanding.

Although there are many difficulties that someone with ADHD might face at work, people with ADHD also possess a number of characteristics that make them excellent employees. This includes being well suited to fast-paced jobs that require effective multitasking and quick thinking. Hyperfocus is also possible when someone with ADHD is assigned to a project or job role that aligns with their interests – this involves a period of intense concentration, which can be very productive and result in completing tasks within a short space of time when there is an imminent deadline. As with all employees, people with ADHD perform best when they are encouraged and supported appropriately and are treated as individuals with unique personalities.

Charities

While someone should always speak to their primary care doctor if they are concerned that themselves or someone they care for has ADHD, additional support can also be accessed from charitable organisations. In the UK, this includes:

The ADHD Foundation, who provides a variety of resources for adults with ADHD, healthcare professionals, families, schools and businesses. It also runs a private screening clinic, and is the largest UK-based training provider in ADHD and other neurodevelopmental conditions. Learn more at www.adhdfoundation.org.uk.

ADHD UK is a relatively new charity, having been founded in 2020 with the goal to provide information, support, undertake research, provide advocacy and spread awareness of ADHD. Specific examples of support it can provide include information about fines and debt, access to support groups, and a variety of resources relating to ADHD in the workplace. This includes information on ADHD and employment law, the Access to Work scheme and reasonable adjustments. It also hosts an online marketplace for ADHD-focused counsellors and coaching. Visit www.adhduk.co.uk.

ADHDadultUK specialises in peer support, and is run by people with ADHD, for people who have ADHD. It has an online magazine, a community forum, and provides a range of video guides and other resources. Find out more at www.adhdadult.uk.

How you can support someone living with ADHD

If someone in your life has ADHD it can be hard to know how to be there for them in a way that is beneficial. It's normal to feel frustrated by some of the symptoms that they face, but you should always remember that this is unintentional, and communicating with patience and kindness will make a huge difference. This is particularly relevant for children and young people, who may not fully understand why they act the way they do. One useful way that friends and family members can support loved ones is by engaging in open and honest conversations about their difficulties, and coming up with collaborative solutions to their problems.

Sometimes simply having another person available to complete tasks alongside them can make all the difference. Known as body doubling, this is an effective technique that can help people with ADHD become motivated to tackle tasks that they struggle with.

It can also be helpful to seek professional help. Adults with ADHD can sometimes benefit from cognitive behavioural therapy (CBT), which is a type of talking therapy that focuses on your thoughts and behaviours. In the UK, people with ADHD can also receive support from Access to Work – a government scheme that's set up to help people with a disability or health problem to stay in or gain employment. Other people might prefer ADHD-focused coaching instead

"Friends and family can support loved ones with honest conversation"

of therapy, which can help with the development of practical skills such as problem solving, time management and goal setting. Additional options include parent training and support groups for parents or carers who are supporting a young person. Finally, medication can also have a huge impact on how people with ADHD think and feel. If you or someone you know is struggling, they should speak to their general practitioner or psychiatrist to discuss any potential options.

Whichever the method, accessing appropriate support can be life changing for someone who is neurodivergent, and encourage them to feel more comfortable and confident in their skills and abilities.

Support for carers

Caring for someone with ADHD, whether they're a child or a vulnerable adult, can be difficult in a number of ways. It's therefore important that carers are also able to receive the support they need and are able to look after themselves. Some organisations, including CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder), provide free resources and training for adults who are looking after children with ADHD. This includes training written by parents for other parents, as well as content for and by teachers. It also runs an online forum where parents and caregivers can discuss their concerns and difficulties with the community. Visit www.chadd.org for more.

The ADHD Foundation (www.adhdfoundation.org.uk) hosts a large resource hub, including an extensive section for parents and carers covering a wide range of topics. In the UK, it's also worth checking what support is available from your local NHS trust, including the Child and Adolescent Mental Health Services, as support can vary depending on where you live in the country.

Finally, the UK-based mental health charity, Mind, provides information for carers, such as financial support, respite, and advice for looking after your own mental health. See mind.org.uk.

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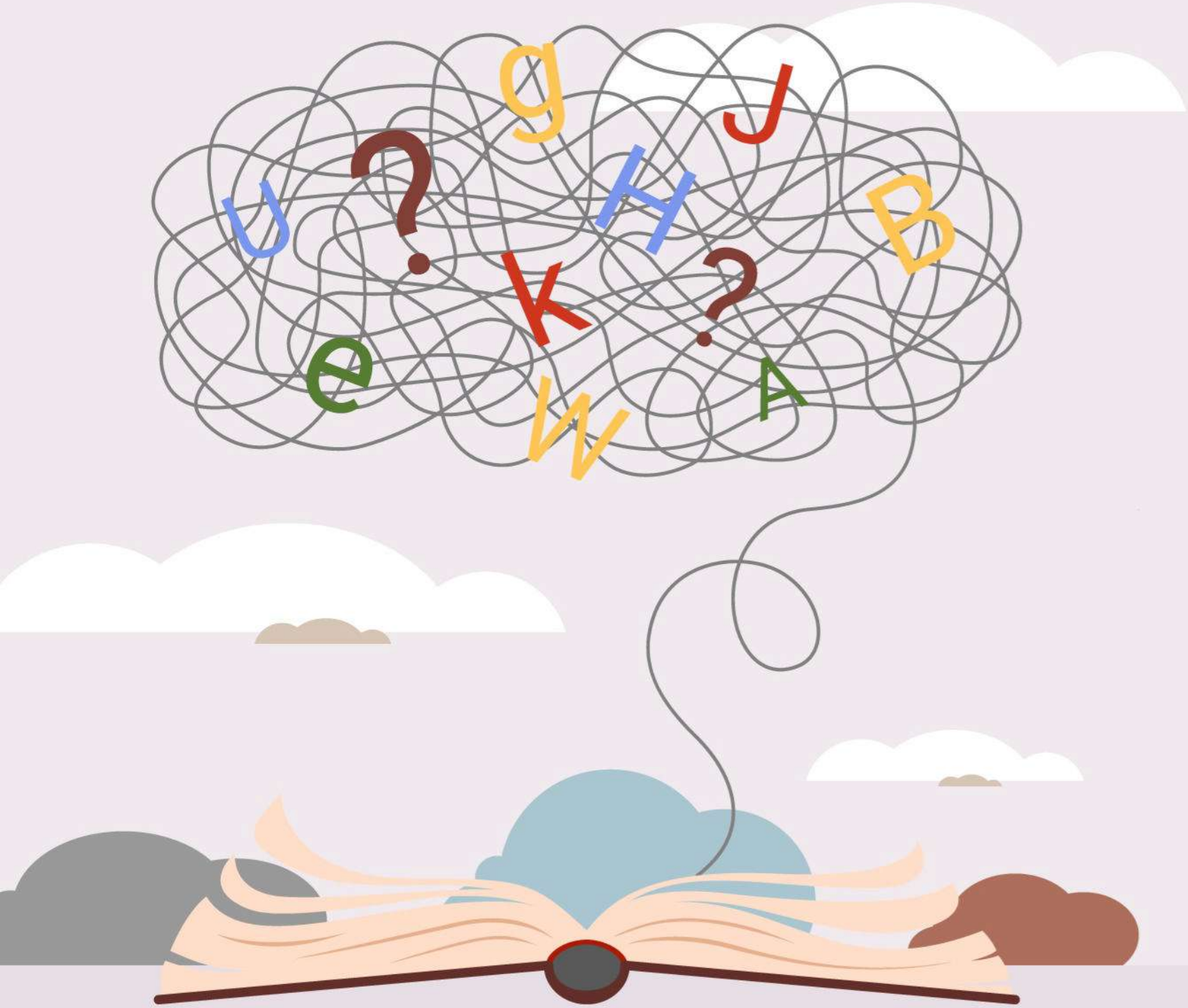
Understanding dyslexia

Affecting around one in ten people in the UK, dyslexia is a common condition that predominantly impacts literacy skills

Words Julia Mitchell

A common form of neurodiversity, dyslexia is a type of specific learning difficulty (SpLD), which means that people learn and process information differently. With dyslexia, this often manifests in difficulty with literacy skills such as reading, writing and spelling, but very importantly, doesn't impact their intelligence. Up to one in ten people in the UK are thought to live with



dyslexia, and without support, this can cause difficulties at school and at work. The earlier that someone is diagnosed, the easier it is for them to be supported, and people with dyslexia often excel in the creative and visual industries. All people with dyslexia experience the condition in unique ways, and it's important to see each person with dyslexia as the individual they are.

While the cause of dyslexia is not yet known, experts believe that there is a genetic link, as it often runs in families. While it's not guaranteed that a child of someone with dyslexia will also develop the condition, it does appear to be more likely.

Signs and symptoms

The typical symptoms of dyslexia will vary depending on the individual. According to the UK's NHS website, it's common for people with the condition to read and write very slowly, have poor or inconsistent spelling, and confuse the order of letters in words. They can also be confused by letters that look similar and write letters the wrong way round, such as 'b' and 'd'. Other symptoms can include difficulties with planning, organisation and carrying out sequences of instructions. This can result in people with dyslexia understanding verbal instructions better than those that are written down.

“People with dyslexia experience it in unique ways… it’s important to see each as an individual”

The way that these symptoms present can also vary hugely depending on an individual’s life stage – meaning that preschool-aged children will have very different symptoms to teenagers and adults. What follows are some examples of how symptoms can emerge throughout the lifespan, as described by the NHS. Bear in mind that this is not an exhaustive list and dyslexia can manifest itself in a variety of ways.

Early years

Preschool-aged children can sometimes, but not always, display early signs of dyslexia. This can include delays or difficulties with speech, such as jumbling up words and phrases. They may also struggle with choosing words, creating sentences, or have difficulty understanding rhyming words. It’s important to note that these symptoms are not unique to dyslexia. All children develop at different rates and many infants without dyslexia may experience similar difficulties.

Primary school

It’s between the ages of five and 12 that symptoms of dyslexia tend to become more pronounced. This is

Co-morbidities with dyslexia

As with other types of neurodiversity, dyslexia often occurs alongside other conditions. This can include other specific learning difficulties like dyspraxia, dyscalculia and Developmental Language Disorder, as well as Attention Deficit Hyperactivity Disorder (ADHD) and autism. People with neurological differences like dyslexia are also much more likely to experience mental health problems such as depression and anxiety. This can be worsened when individuals compare themselves to others, particularly if they struggle with skills that involve reading and writing.

Some children in particular might experience a phenomenon known as ‘failure to succeed’, where learning at slower rates to their peers can result in low self-esteem and disengagement from learning, which can further impact their progress. This is why it’s really important for dyslexia to be identified early, and for appropriate support to be put in place as soon as possible.

It’s also essential that both adults and children with the condition are treated with the kindness and understanding that they deserve. Unfortunately, wider society often holds stigmatising beliefs towards people with dyslexia, and this means that they can be at higher risk of social exclusion and bullying.

when children can experience difficulties learning the names and sounds of letters, demonstrate inconsistent spelling and confuse the order that letters appear in words. They may begin to confuse letters or write them the wrong way round. Other signs can include a slow writing speed, poor handwriting and taking a long time to complete written work.

Children who are at primary school age may also have difficulties with phonological awareness (the sounds that make up letters and words). This means that they may struggle to answer questions such as: 'What sounds do you think make up the word 'hot', and are these different from the sounds that make up the word 'hat'?'

Developing word attack skills can also be a challenging task for young children with dyslexia. This teaching method focuses on helping children to decode or pronounce unfamiliar words by looking for smaller words or collections of letters that they have previously learned. For example, they may not understand that the word 'sunbathing' is created with three parts: 'sun', 'bath' and 'ing'.

Teenagers and adults

As dyslexia is a lifelong condition, teenagers and adults will usually still exhibit signs of dyslexia. At this stage individuals may struggle with written work, such as essays or reports, or have poor spelling. Others might avoid reading or writing as much as possible, struggle to meet deadlines, and have difficulties revising. They may also have trouble remembering specific things like PIN codes, and despite having good knowledge about a subject, struggle to translate this into words, or write with expression.

Diagnosis

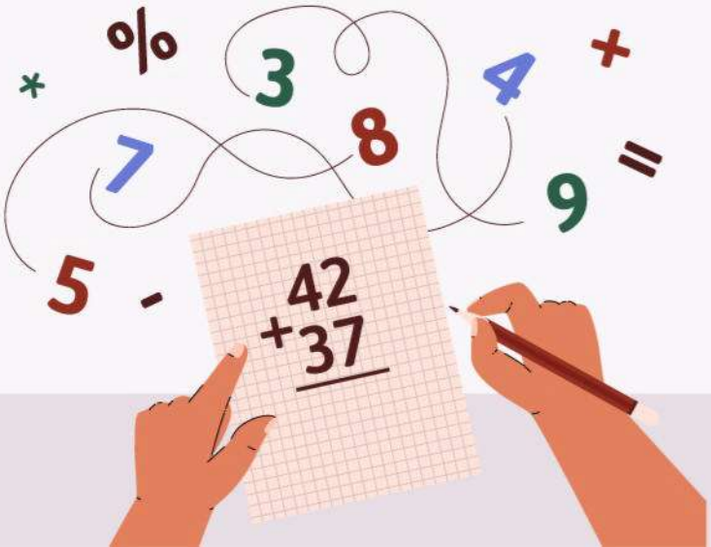
If you think a child or young person in your care might have dyslexia, the first step is to speak to their school's special educational needs coordinator (SENCO). This will enable them to assess how well they are managing in class, and put additional support in place if needed. After speaking to the school, the next step is to arrange an assessment with a specialist. This can take place with a variety of professionals, including an educational psychologist or a speech and language

Dyscalculia

Often considered to be a neurological difference similar to dyslexia, dyscalculia is a condition that describes a difficulty with numeracy skills. It's thought that 6% of all people have dyscalculia, and that individuals with dyslexia are 60% more likely to also have difficulties with maths. Like dyslexia, dyscalculia can also be passed down through families, but it also has a link to foetal alcohol syndrome – something that occurs when babies are exposed to alcohol before they are born.

While many people struggle with learning numeracy skills, dyscalculia is found to cause more severe difficulties, which will have been present from an early age. Those with the condition may experience high levels of anxiety about maths, and struggle to understand how numbers relate to each other. They might also find it challenging to spot patterns in numbers, and have difficulty distinguishing mathematical concepts from one another – for example, the difference between multiplication and repeated addition.

One main difference between dyscalculia and dyslexia is that people with dyscalculia have difficulties specifically with maths and numbers, and not with words, unless they also have dyslexia. As with all neurodevelopmental conditions, there are many ways that people with dyscalculia can be supported to learn the skills that they need to thrive.



therapist, and can often be arranged by the school. While going through this process, it's important to remember that dyslexia tests are normally carried out from the age of seven, and it may be difficult to access one earlier than this.

If you would prefer to seek a private diagnosis, you can do so by contacting an educational psychologist directly, or by speaking to a charitable organisation like the British Dyslexia Association. You can find a comprehensive list of qualified education psychologists on the British Psychological Society website.

Adults who are still in education can often have a dyslexia assessment funded by their university or employer. Unfortunately assessments are not routinely funded by the NHS, and it may be necessary to arrange a private assessment with a psychologist or through a charity. If you or someone you know thinks that they might have dyslexia, you can find a useful screening tool on the British Dyslexia Association website. While a diagnosis cannot be made solely on the outcome of this questionnaire, it can be a useful way to help someone improve their understanding of their symptoms.

How a dyslexia assessment works

Dyslexia assessments for children usually involve both observing the child in their learning environment and speaking to adults who are involved in their learning. Children may also be asked to complete tests that evaluate a wide range of skills, including their reading and writing abilities, memory, and vocabulary. They may also assess their processing and organisational skills. Once the assessment has been completed, a report will be compiled that explains the child's strengths and weaknesses, with recommendations for ways that they can be supported. Assessments for adults are similar, and will involve discussing the individual's background as well as completing a variety of tests, ending with a written report.

“People with dyslexia think differently, and often excel in creative pursuits”

Strengths associated with dyslexia

While much of this article has focused on the difficulties that people with dyslexia can face, it’s important to remember that people with the condition are multifaceted individuals with their own strengths and talents. People with dyslexia think differently, and often excel in creative pursuits, problem solving and communication skills.

Recent research has even found that people with dyslexia display enhanced abilities in discovery, innovation and creativity, even suggesting that this neurological difference should be viewed as a strength rather than a deficit. The researchers also say that people with dyslexia have an ‘explorative bias’, demonstrating an affinity with exploration and curiosity, which is crucial for human survival and adapting to new and changing environments.

Famous people with dyslexia

There are many famous people with dyslexia, including actors Orlando Bloom, Jim Carrey, and Keira Knightley, as well as television presenter Holly Willoughby. You’ll notice that many successful people with dyslexia are involved in the creative industries, and include writers, illustrators, chefs, artists, singer-songwriters and filmmakers. Even Albert Einstein, arguably one of the most influential physicists in history, was thought to have dyslexia.

How to make life easier for those with dyslexia

Most children with dyslexia will be able to attend a mainstream school, where they should be provided

Charities

A wide range of charities exist in the UK that can support people who live with dyslexia. One of the largest is the British Dyslexia Association (www.bdadyslexia.org.uk), who not only provide information and services to support people in the community, but also strive to raise awareness of the condition by working with the government. Its website is a particularly useful place to find out more about the signs and symptoms of dyslexia, access assessments, find training for professionals, and much more.

Other charities include The Dyslexia Association (www.dyslexia.uk.net), which provides a variety of services for children and adults, including a free national helpline. Made By Dyslexia (www.madebydyslexia.org) is another useful resource, which operates across the world and is led by people who have dyslexia. It champions dyslexia thinking and the difference that this neurological difference can make in society.

The Dyslexia Research Trust (www.dyslexic.org.uk) is a different type of charity that focuses on research as a way to improve the lives of people with dyslexia, with a focus on understanding why children find it difficult to learn to read. It also provides a variety of information on its website, which includes links to research publications and in-depth information about the genetics of dyslexia.

Support for carers

It can be difficult for carers of people with dyslexia to know how to support them in a way that is effective. To help with this, many organisations run training sessions and workshops that can teach parents and guardians how to guide children and support them in their learning. The Helen Arkell Dyslexia Charity run virtual and on-demand courses on its website, which includes reduced fees for families who come from low-income backgrounds.

Support groups for parents of children and young people are also run by local dyslexia associations, which operate in counties across the UK and provide a variety of services. This can include their own helplines and advice services, befriending, conferences, screenings and assessments. The contact information for these local organisations are listed on the British Dyslexia Association website.

Another useful source of information for parents and guardians is the Child Mind Institute. Its website provides specific examples of tools, along with explanations for how they can be used to support various practical difficulties. It also explains how parents and carers can provide emotional support, which is in many ways just as important when it comes to helping children to learn and develop.

with additional support that's tailored to their needs. This can include one-to-one or group interventions with a teaching assistant or specialist, as well as other seemingly small changes that can have a huge impact on a child's ability to thrive in class. Examples of these include handouts containing key learning points, visual timetables, and other multi-sensory ways of teaching. Class teachers can also ensure that they support dyslexic students by repeating instructions and breaking information down into smaller chunks that are easier to process.

Assistive technology has also been found to be useful for both children and adults. This includes software that is either text to speech or speech to text, in addition to electronic calendars. Some people with dyslexia also find it easer to read documents where the appearance of the text can be altered by changing the colours, size and spacing. This means that it might be beneficial for them to have a laptop or tablet available in their class.

In the workplace, UK-based employers are required by law to make reasonable adjustments for people with health conditions or disabilities. This includes people with dyslexia, and the government's Access to Work scheme can be used to fund a wide range of assistive measures, including specialist software and coaching.

Emotional support

While formal support in work and at school can be pivotal in helping people with dyslexia to thrive in society, having access to a specialist group can be a useful way to meet people who are going through the same thing as you, giving you some informal support. You can find local dyslexia groups by searching for your local dyslexia association, or contacting one of the many dyslexia charities.

There are also many ways that parents and carers can support children who are experiencing emotional difficulties due to their dyslexia. Examples of emotional difficulties that children with the condition might face include feelings of embarrassment or frustration, particularly when they are struggling with something that their peers seem to find a lot easier. In this situation, it's important to make sure that the child receives lots of praise, and is reminded that their difficulties have nothing to do with their intelligence or their many other strengths.

It's also common for children with dyslexia to experience anxiety – particularly when faced with tasks that include lots of reading and writing. Other people might experience feelings of anger, and find that they erupt when they return from school. It's important to remind them that the home is a safe space for them to share their feelings, and for parents to remember that this anger is not focused at them.

All of these feelings are very normal, and this is not an exhaustive list! If you or your child is struggling with emotional difficulties, make sure that you seek help from your school, workplace, GP or a dyslexia charity or helpline. You never need to suffer in silence.

If you or someone you love has dyslexia, there's no need to panic. While many people still view the condition as something that has a predominantly negative impact on a person's life, this is not the case. People with dyslexia show great resilience, with a variety of unique strengths that our world would be poorer without.

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Understanding dyspraxia

Dyspraxia is one of the most common, but least talked about, neurodiversities

Words Edoardo Albert

"It's like I'm an alien that has been dropped down on Earth and put in a human skin suit – only I don't know how to work the controls properly." For Harriet, having dyspraxia has been a lifelong struggle. But, also characteristically for people with dyspraxia, it has not stopped her: she is a highly successful vice principal at a drama school, former actress and dancer. Not careers someone might associate with dyspraxia. But Harriet is not alone here: Daniel Radcliffe (Harry himself in the *Harry Potter* films), Cara Delevingne (model and actress) and Florence Welch (singer with Florence + The Machine) also all have dyspraxia and have spoken in interviews of the troubles they face dealing with the condition. However, while all of these people have struggled with dyspraxia, they have found ways to live with the condition. In fact, it is their struggles that have helped them learn to overcome difficulties, a strength which has helped them on to high-flying careers. But it still isn't easy, as Harriet explains: "I still find myself walking through a door in my own house and, if I'm distracted, I stub my toe on the door frame. They say life is the school of hard knocks: try living with dyspraxia!"

What is dyspraxia?

If you have never heard of dyspraxia, it's sometimes colloquially called the clumsy disease. More officially, the condition is known as Developmental Co-ordination Disorder, Developmental Motor Co-ordination Disorder,

developmental dyspraxia or just dyspraxia. 'Dys' means 'faulty or abnormal'. 'Praxia' comes from the Ancient Greek word πρᾶξις, which in Roman letters reads as 'praxis' and means 'activity'. So dyspraxia essentially means 'faulty activity'.

Dyspraxia is a developmental disorder. This indicates that it first appears in childhood and continues throughout life; there's no cure for dyspraxia. In that regard, it is like other developmental disorders such as autism. However, as yet there has been very little progress in finding out what causes dyspraxia. Given that co-ordinating movements is a very complex process involving large areas of the brain and nervous system, and that babies, infants and children spend a considerable amount of time and effort learning to co-ordinate all these motions – just think of a child taking its first tottering steps – then it's clear that there are many ways in which the wiring of the system could be less than optimal.

Subjectively, some dyspraxics describe the sensation as having their wires crossed. Think of what happens when you switch from walking on the level to walking downhill. For most people, the body automatically compensates. The leading foot angles downwards. The body leans backward slightly. The step motion changes. All this happens without most people having to think about it.

But for people with dyspraxia, these things do not happen automatically. The surface may be going downhill but their brain does not immediately pick up on the signals. Instead, it continues trying to walk on the level even when the surface is disappearing beneath them. The consequence: stumbles and falls.

Risk factors for dyspraxia

Researchers are still trying to establish the cause, or causes, of dyspraxia. At the moment, the most

“It is more commonly diagnosed in boys than in girls, although some think the prevalence should be the same”

promising avenue of research is looking at the development of neurones and how this affects the brain’s communication with the rest of the body. However, the research is still at a very early stage.

Although we may not know exactly what causes dyspraxia, it’s generally agreed that it’s likely there is a genetic component, as a family history of the disorder seems to increase the likelihood of developing it. It is also much more commonly diagnosed in boys than in girls, although some researchers think the prevalence should be the same for both sexes. This is another aspect of the condition that researchers don’t understand. There are no obvious reasons why the diagnosis differential should be so great unless there really is a sex difference in its prevalence.

Apart from a family history of dyspraxia and other developmental conditions, the other risk factors that increase the chance of having the condition are being born prematurely, having a low weight at birth, and the mother taking drugs or drinking large amounts of

It’s not all bad

While most people with dyspraxia would cheerfully wave goodbye to the condition, they would also nevertheless agree that learning to live with it has formed who they are. Dealing with the difficulties lead to a number of traits that many people with dyspraxia share, such as high levels of determination and motivation. Because doing simple tasks requires more effort than normal, dyspraxics internalise and normalise unusual levels of determination and perseverance.

Although short-term memory can be a problem, long-term memory is a strength. People with dyspraxia can generally tell you in detail what happened a year ago even if they find it difficult to recall instructions given a minute ago.

The hard knocks (sometimes literal) of dyspraxia produce people who are resilient: they’ve had plenty of practice of picking themselves up after something went wrong and keeping on. A trait often accompanying this is humour: a lifetime of bumps and scrapes produces a wry appreciation for how things can go wrong.

Because so many things have gone wrong for them in the past, people with dyspraxia are usually very good at strategic thinking. They keep the ultimate goal in mind and don’t let minor setbacks prevent them from achieving that goal.

As such, people with dyspraxia make good team members and excellent team leaders.

alcohol during pregnancy. But that's about it for known risk factors.

However, we do know that other developmental disorders that have a genetic component also require environmental factors to trigger them. This makes it highly likely that dyspraxia has some environmental triggers but we don't know what these are yet.

Get the full set

Unfortunately, people with dyspraxia also have a higher risk of having other developmental disorders. The most common co-morbidity is Attention Deficit Hyperactivity Disorder (ADHD), with about half of dyspraxics also having ADHD. After ADHD, the other most common co-morbidities are autism, dyslexia, dyscalculia and childhood apraxia of speech (which produces difficulties in speaking clearly).

Having additional needs makes dealing with the condition more difficult but a proper diagnosis will significantly help. Understanding is the key to developing useful strategies for dealing with dyspraxia and any co-morbidities.

Symptoms of dyspraxia

"Nothing comes naturally to me," Harriet explains. "Every time I try something new, I have to work out how to do it. I can't just watch someone do something and copy it."

Because dyspraxia is a developmental disorder, signs of it usually develop early. For parents, things to watch out for include a baby being late to achieve various developmental levels, such as being able to support their head, or taking longer to roll over and then crawl. Children with dyspraxia will do these things but it usually takes them longer. However, it's important

"Unfortunately, people with dyspraxia also have a higher risk of having other developmental disorders"

to bear in mind that rates of development vary enormously and simply taking longer to learn to walk is not, in itself, a sign of dyspraxia. Indeed, because rates of development vary so widely, a diagnosis of dyspraxia will not normally be given before a child reaches at least five.

Dyspraxia continues to affect children's development even as they leave the toddler stage behind but now it will cause them difficulty with the academic and sports-based activities that play a large part in determining how a child will do at school. Children with dyspraxia typically take longer to learn to write

Dysgraphic not dyspraxic

Because so much school work is language and writing related, it is possible that a child or a teenager might be thought to have dyspraxia when in fact they have dysgraphia. Dysgraphia is a specific difficulty with writing. People with the condition struggle to turn their thoughts into words on a page. Writing is, in itself, a highly complex task that involves co-ordinating a wide range of abilities, including fine motor skills, memory, language processing, spatial awareness and concept forming. Problems with any or all of these skills can make it difficult to produce written work.

and find it harder to write neatly ("Imagine trying to write with your wrong hand all the time and it never gets any easier," explains Harriet), they find sports more difficult ("I was the one that no one wanted on their team. 'Oh, no, not Harriet. Give us anyone else, Miss'") and, because of these difficulties, they often find it harder to develop friendships at school as well ("No one wants to be friends with the clumsy kid").

Symptoms of dyspraxia in adults are related to these childhood difficulties but expand to include new problems. These can include problems with posture and balance, and unusual walking styles, difficulties with hand-eye co-ordination ("If I close my eyes and try to touch my nose, I'll sometimes miss my head completely!"), high levels of tiredness that result from trying to force the body into doing things it does not know how to do, and difficulties in learning new skills. Dyspraxia also often spills over into problems with planning and organisation. This seems to be associated with difficulties in executive functioning that result from dyspraxia, as well as poor short-term memory.

"I used to ask people in the office if they wanted tea or coffee but I could never remember who wanted what. So, in the end, I stopped asking because I kept getting it wrong. But on the other hand, I can tell you exactly what I said to my sister when we went camping on Santorini when I was 21 and she was 23 and the tent flooded when there was a thunderstorm."

Yes, despite poor short-term memories, people with dyspraxia usually have excellent long-term memories.

Where to go for help

There's been *Rain Man*, *Forrest Gump* and *The Curious Incident of the Dog in the Night-Time* for autism but there's precious little in mainstream movies about dyspraxia. Neville Longbottom in the *Harry Potter* films might have dyspraxia but even that's not clear.

This lack of attention feeds over into funding. Despite dyspraxia being among the most common types of neurodivergence, it's telling that the main UK charity devoted to helping people with dyspraxia, the Dyspraxia Foundation, closed in April 2024. However, there are still plenty of online resources to help you with learning about the condition, or consult your GP.

Diagnosing dyspraxia

There's no single test for dyspraxia. Instead, after taking a medical history, a doctor will normally refer a

“Dyspraxia is a relatively common problem, affecting about 5% of the population”

patient to an occupational therapist or physiotherapist for additional tests of co-ordination and strength before issuing a diagnosis. Because some of the issues with dyspraxia can mimic symptoms of autism, it’s not always easy to distinguish between the two (and, as already noted, a significant number of people have both conditions).

Dyspraxia is a relatively common problem, affecting about 5% of the population, with 2% finding that it has a severe impact on their life.

What to do about it

As a developmental disorder, dyspraxia can’t be cured. However, it’s different from autism in that the majority of dyspraxics would be quite happy if a cure could be found. Autism is generally seen by people who have the condition as part of their personality. A ‘cure’ would mean ceasing to be who they are.

Dyspraxia, on the other hand, is generally seen as more of an obstacle, as something to overcome (“100%,

Clumsy not stupid

People with dyspraxia are not less intelligent than average. However, because a significant proportion of people with more severe dyspraxia can struggle with speech and word formation, they can often be written off as stupid. Few things are further from the truth. It is true that people with dyspraxia can find organisation and executive functioning difficult. But the simple fact that they have overcome these difficulties shows a far greater level of intelligence than is immediately obvious. For example, to learn a new skill, people with dyspraxia will often have to break down the activity into small sequential steps, master each of these individually and then combine them all. This requires gifts of imagination, analysis and perseverance beyond the range of most people, but unfortunately these skills often remain unrecognised.

It is time that dyspraxia is taken seriously and the gifts of the people who cope with it are celebrated.

"Therapy can help people face social situations and new tasks"

I'd take a cure for it if I could. It's just something that gets in the way of me doing what I want to do," remarks Harriet). Although a cure for dyspraxia is extremely unlikely at any time in the foreseeable future, there are various treatments and strategies that can help people with the condition ameliorate its effects.

The first approach to tackling its symptoms is through occupational therapy. One of the reasons people with dyspraxia find it difficult to carry out tasks is that they cannot find a key to doing them: the task is simply too complex to handle. Occupational therapists can work alongside the person with dyspraxia to break the task down into small, manageable portions before then working on each portion individually.

One of the key ways occupational therapists help people is through small adjustments in the implements they use for tasks. For instance, someone who finds using a knife and fork difficult might well find using cutlery easier with implements that have specially designed handles that help them to grip better.

Physiotherapists offer a slightly different approach but similar strategies – the aim being to help the person with dyspraxia better cope with the effects of the disorder. In the case of physiotherapists, the intervention targets the client's movements through exercises tailored to help improve these movements, whereas occupational therapy focuses more on the tasks that the client finds difficult.

Because dyspraxia can have a severe impact on people's confidence, other forms of therapy, such as cognitive behavioural therapy, can be useful in helping people with the condition face social situations and new tasks with renewed hope.

As a general rule, physical exercise in adults and active play in children is helpful for everyone with dyspraxia. People with the condition often suffer from hypotonia, low muscle tone, particularly in the core muscles of the trunk. Working on these core muscles through exercises such as Pilates can produce considerable improvement in physical activities.

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Other neurodiversities

While autism and ADHD are the most recognised forms of neurodivergence, there are others. Here are some of them

Words Edoardo Albert

There has been a huge rise in the rate of autism diagnosis: a massive 787% rise between 1998 and 2018. Additionally, more and more adults have been diagnosed as autistic. So it's no surprise that autism has dominated the debate about neurodivergence.

But Autism Spectrum Disorder is just one among the many conditions that lead to people thinking and experiencing the world differently. Over the following pages, we will look at four other conditions that change how people think, feel and behave, and how they affect their day-to-day lives.

Tourette Syndrome

It's an unfortunate fact that the form of Tourette's best known to the public is coprolalia. That's the form where the sufferer's dialogue (and it is most commonly present in males) is best represented as 'Bleep bleep, bleepity bleep bleep'. But in actual fact, compulsive swearing is a rare form of Tourette Syndrome, affecting less that 10% of people who have been diagnosed with the condition.

Tics and Tourette's

For everyone else with the syndrome, there are muscular and verbal tics to live with. Tics are defined as involuntary motions or sounds. So far as the physical tics are concerned, they can include blinking, making faces, shrugging, jerking of the head or arms, as well as jumping and spinning. Verbal tics span the gamut from grunts and groans, through to coughs, whistles and clicks, right up to noises and words, most often random or repeated. And then you have the uncontrolled and inappropriate swearing that most people identify with Tourette's.

The symptoms of Tourette's normally develop during childhood and reach their peak during the early teenage years, which is unfortunate as this is the time when most of us reach peak self-consciousness. However, symptoms often decline as people get older and sometimes lapse completely.

Nevertheless, in many cases the symptoms never go away. Experiencing hundreds of involuntary muscle tics every day can feel like being in a car crash, the body subject to constant whiplash. It's exhausting and depressing and it's not helped by the social stigma attached to the condition.

Diagnosis and cause

So far as diagnosing Tourette's is concerned, there's no single test that says, yes, it's Tourette's. Rather, it's a case of someone exhibiting the symptoms of Tourette's for at least a year (this length of time is needed as sometimes Tourette's-like symptoms can spontaneously

appear but in these cases the symptoms will disappear of their own accord after a while).

Tourette's is defined as a developmental disorder, putting it into the same camp as conditions such as autism. It appears to result from miscommunication between different regions of the brain. As is the case with other developmental disorders, there is a strong genetic component: identical twins are between twice and seven times as likely to both develop Tourette's when compared to fraternal twins. Despite that, however, Tourette's is not genetically predetermined: between half and a quarter of identical twins do not develop the condition even when their twin does. So it's clear that other factors come into play as well.

Holding it all in

When it comes to living with Tourette's, many people feel something like the itch to sneeze or the urge to scratch before a tic. These are called premonitory symptoms. For instance, someone whose tic is blinking might feel their eyes burning until they blink. The symptoms disappear once the tic has happened. With the help of premonitory symptoms, it's possible for some people with Tourette's to control the onset of the tic. This can be useful in social settings – it can be disrupting if you're in a meeting and suddenly jump – but in most cases this control comes at a cost: the need to tic gets stronger. Usually, when the person gets somewhere where ticking is more socially acceptable, there will be a sudden flood of tics as tension is released but before then, the sufferer can feel like their body is on fire.

Treatment

Tourette's can't be cured but there are two strands of treatment to help with more severe symptoms. The first is behavioural therapy, which should help to reduce the strength and frequency of tics. Should this fail, there are medicines that can be prescribed but these sometimes produce side effects, while not in themselves being a panacea.

For support, visit **www.tourettes-action.org.uk**.

PTSD

Sometimes life is hell. What's worse, some survivors take that hell along with them for years afterwards. Waking up, night after night, from a nightmare of the worst moment in their life; sudden attacks of trembling and nausea; flashbacks. This is post-traumatic stress disorder, or PTSD.

The causes of PTSD

Really terrible stuff, that's what causes PTSD. All the greater afflictions to which humanity is inclined, such as war, torture, physical and sexual assault, and abuse, but also things that are part of life, such as the death of someone dear to you (particularly if that death is sudden and unexpected) and sudden and serious health problems.

Of course, all of us will undergo one or more of these events during the course of our lives and it's perfectly normal for such experiences to leave a mark on a person: not many people walk away from a major life trauma without a backward glance. However, we are also generally good at dealing with the aftermath of traumatic events: they are processed, dealt with and then lived with.

However, in about a third of the people who have experienced a traumatic event, the event continues to haunt them, producing the symptoms described. Should these symptoms continue for longer than a month after the event, then it's possible that PTSD is the cause.

Acquired not innate

No one is born with PTSD (although bad experiences in giving birth can trigger it). As such, PTSD is an acquired neurodiversity in distinction to conditions such as autism and ADHD, which people are born with. This also means that the treatment aims are different. Should medical help be necessary, doctors and therapists will aim to cure the PTSD or, at the least,

reduce its severity to a minimum, whereas today no one wants to 'cure' autism.

However, as with innate neurodiversity, PTSD changes brain function and structure. This is important to understand, since people with PTSD can often blame themselves for their difficulties, thinking they're not tough enough or something. This is not the case. Scans have conclusively shown that the brains of people with PTSD exhibit changes in regions and in the connections between the different regions of the brain.

Treatments for PTSD

For World War I veterans it was 'shell shock'. For the soldiers of World War II it was 'combat fatigue'. We now call it PTSD but unlike those old soldiers, who just had to try to get on with their lives, sufferers today have recourse to effective treatments. These come in two main forms, namely talking therapy or medication.

The various talking therapies that help with PTSD are mostly various types of cognitive behavioural therapy (CBT). This is a focused, specific form of therapy, which looks at the thoughts (such as guilt, shame and anxiety) that lead to the behaviours (panic attacks, nightmares) associated with PTSD. CBT attempts to lay bare these fixed thought patterns and thus remove the triggers that cause the stress attacks. There are various types of CBT specifically tailored for the treatment of PTSD, including cognitive processing therapy and prolonged exposure therapy.

"PTSD changes brain function and structure"

Medications, such as antidepressants, can also be effective against PTSD, either on their own or used alongside a talking therapy.

For help with PTSD, a useful starting place is PTSD UK at **www.ptsduk.org**.

Developmental language disorder

Learning a language is hard. Ask anyone who's tried to do it as an adult. Which begs the question, why don't children find it as difficult? The answer is that our brains are specifically wired for language learning in our early years but we lose this facility as we grow older.

Feral children

Throughout history there have been reports, some well attested, of children being raised by animals, most commonly wolves and dogs. In more modern times, there are also cases of children being raised in confinement with hardly any human contact. In almost all these cases, if the child is found after about the age of seven, their ability to learn language is severely impaired – many never learn to speak at all. From these sad cases, and from increasing work on the way the brain changes during childhood, it is becoming clear that there is a critical window for language acquisition during human development from birth to about seven.

Why haven't I heard of this disorder?

Since language learning is so difficult and tied to so many different changes in the brain, it's not surprising that a proportion of children experience difficulties with learning and using language. However, because language and its usage are so fundamental to us as human beings, there were a lot of different labels used to describe these difficulties. These included terms such as 'specific language impairment' and 'developmental dysphasia'.

However, in 2017 a panel of experts suggested a new name for this problem: developmental language disorder (DLD). This captures far better the nature of the problem people with the disorder face. But because it's new, relatively few people have heard of it yet, despite DLD being more common than autism, affecting about 7% of the population.

How do I know if I have DLD?

DLD is finding words perpetually on the tip of your tongue. It's having ideas and not being able to express them to other people. It's hearing what other people say but not understanding what they mean. DLD starts in childhood and continues into adulthood.

In these respects, DLD resembles autism, so it can be difficult to distinguish it from autism. However, people with DLD do not have the other main poles necessary for an autism diagnosis, namely sensory issues and behavioural rigidity. But because of their problems with language they can, not surprisingly, have social and communication difficulties, which is a feature of autism.

Help with DLD

DLD is both diagnosed by speech and language therapists and treated by them too. Because it has been recognised only recently, most of the treatment is focused towards children. Normally, a speech and language therapist (SLT) will work with the child, either one-to-one or in a small group setting, teaching language functions and building on what the child says. Effective treatment should also include the school and the parents, with all working together to improve the child's use and understanding of language.

A good starting point when looking for help with DLD is Speech and Language UK at **www.speechandlanguage.org.uk**.

Misophonia

That fingernails-on-the-blackboard sound. You remember how it makes you feel? Now multiply that by ten or a hundred, and think what it would be like if a range of normal sounds made you feel that way. That's misophonia.

The new neurodiversity on the block

Misophonia has only recently been recognised as a discrete condition. Indeed, it's so recent that it hasn't yet been listed in the standard textbook of mental disorders, the Diagnostic and Statistical Manual of Mental Disorders (currently on its fifth edition and hence referred to as DSM-5). However, in 2022 an expert committee developed a clinical definition of misophonia for use by clinicians and researchers. But since misophonia is not yet a formally recognised condition, it's difficult for doctors or psychologists to give a definite diagnosis of the disorder.

Noise triggers

The triggers for misophonia fall into two separate categories. The first, and larger, category, are bodily sounds, in particular the sounds of people eating, such as chewing, swallowing and gulping, and noises associated with breathing including throat clearing, coughing, sniffing and nose blowing. The second category are physical sounds, often repetitive, such as someone drumming their nails, clicking a pen or typing, or sometimes rustling and whistling sounds.

Sound effects

While most people would find someone noisily blowing their nose distasteful, for someone with misophonia the emotional and physical reactions to the sound can be extreme. On the emotional side, the sound can trigger feelings of disgust, anger, fear and anxiety. Physical reactions may produce sweating, increased heart rate, increased blood pressure and chest tightening. This

constellation of emotional and physical reactions can then trigger behavioural reactions ranging from getting away from the sound as quickly as possible, to shouting at the person making the sound, to actively stopping the sound – very occasionally violently. In such cases, the person acting that way reverts to normal when the sound stops and know that they've acted wrongly, but they may not be able to stop themselves should the sound recur.

What's going on

Looking at the effects these sounds produce in people with misophonia, it's clear that they map well onto the body's flight/fight response mechanism. This response lies deep in our evolutionary past, when we had to be ready to respond to physical threats, such as a stalking lion, immediately and without conscious thought. Hence, in the cases where people respond physically to the distressing sound, they do so without planning: it's a completely spontaneous and unpremeditated reaction. Early studies are building up a picture that people with misophonia have the parts of the brain that control emotional regulation and sound processing connected differently. These parts of the brain are ancient and they tie into the flight/fight response, suggesting a mechanism for how these sounds end up triggering such an extreme response in some.

"In the cases where people respond physically, they do so without planning"

Treatment

Because misophonia has only very recently been recognised as a disorder, treatment options remain limited and diagnosis is difficult. Initial approaches have focussed on variations of CBT since this has proved, across a wide range of different conditions, to be the most effective form of behavioural therapy we have yet developed. However, there is another source of help. People struggling with the disorder are beginning to meet and organise online, and the best place for initial support and information is Misophonia UK at **www.misophonia-uk.org**.

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Your mental health masterclass

With neurodiversity comes the feeling of being different – and that can lead to struggles with our mental wellbeing

Words Natalia Lubomirski

Despite a staggering one in four people in the UK experiencing a mental health problem each year, the invisible nature of it means there's often a tendency to ignore problems and just get on with it. But, as Stephen Buckley, head of information at mental health charity Mind, says, "Mental health is just like our physical health: everybody has it and we need to take care of it."

He adds, "Thankfully, we've seen the national conversation on mental health move forward, but those with mental health problems still face barriers." The topic remains taboo, especially for older generations – a YouGov survey revealed 25% of over-55s think it's more difficult for them to discuss mental health than younger people. Some 71% felt this was because, in the past, anxiety and depression were seen as weaknesses, rather than health conditions.

Road to recovery

These figures are no surprise, especially knowing what we do about neurodiversity and co-morbidities. But it's how we deal with it that's important. Thankfully, there are things we can do. "Eating healthily, sleeping well, exercising and seeking help are all key," says Stephen. "Different treatments work for different people and the journey to recovery won't always be easy."

Over the following pages, Mind shares advice on how to cope with feelings of anxiety, depression and OCD.

"The invisible nature of it means there's a tendency to ignore problems"

Depression

What is it? In its mildest form, it means being repeatedly in low spirits – at its most severe, it can be life-threatening, making you feel suicidal.

The impact? Symptoms can include "feeling low, numb, worthless or without hope," says Stephen. "You may sleep too much or too little, and withdraw from social contact."

Help yourself List activities, people and places that make you feel good, and try to find ways to bring these things into your daily routine.

Do something new This can boost your mood and break unhelpful, negative patterns of thinking. You could also try volunteering – it makes you feel better and less alone.

Try self-help Explore cognitive behavioural therapy.

Anxiety

What is it? Feeling anxious is a natural response when we feel under threat. But if you regularly experience anxiety, including panic attacks, which are strong, last a long time and are difficult to control, you may need help.

The impact? You avoid situations that may make you feel anxious. You'll find it hard to go about your everyday life or do things you enjoy.

Help yourself Focus on breathing, especially during a panic attack. Inhale through your nose and out through your mouth, counting from one to five.

Try complementary and alternative therapies, including meditation, aromatherapy, massage, yoga and reflexology, to aid relaxation.

Not sure if you have a problem? Read on to find out more about the secret signs of anxiety.

Obsessive compulsive disorder (OCD)

What is it? An anxiety disorder with obsessions (unwelcome thoughts, urges and worries that appear in your mind, making you feel anxious) and compulsions (repetitive activities to reduce anxiety, such as checking a door is locked or repeating phrases).

The impact? You might avoid situations that trigger it, including work or seeing friends or family. You may feel ashamed of your thoughts or feel the need to hide your OCD.

Help yourself Talk to someone you trust or write down feelings to discuss together.

Learn to relax Manage stress and try techniques such as deep breathing or mindfulness.

Try peer support This brings together people who have had similar experiences. It helps you feel accepted and confident.

No more feeling anxious!

Millions of us are experiencing anxiety, often without even realising it. Most of us probably think we know what anxiety feels like. Your heart races, you're short of breath, and your body is bathed in a sheen of sweat. But there are plenty of hidden signs, too. Follow this advice on how to spot the hidden signs and do something about it.

"Anxiety is what we feel when we are worried, tense or afraid," says Nicky Lidbetter, CEO of Anxiety UK. It can be caused by a number of factors, including feelings of uncertainty, physical health problems, stress, and your childhood experiences. It's thought that around three million people in the UK have an anxiety disorder, and while clammy hands and a pounding heart could signal anxiety, some signs are less obvious. Here are the more subtle symptoms to look out for...

You over-dramatise small failures

"There's a catastrophising nature to anxiety that makes you perceive things being much worse than they actually are," says Nicky. If you're overdramatic, you may have an over-the-top reaction to a small failing, which could lead to a meltdown or cause you to stay at home for the next few days, unable to face the world.

"It's thought that around three million people in the UK have an anxiety disorder"

You're critical of yourself and others

"Being anxious leads to you being hard on yourself. It thrives on the lack of self-esteem you have for yourself and, as a result, you become self-critical and critical of those around you," says Nicky.

You can't sleep

When we're in an anxious state, it can be hard for our body and mind to relax, and we can have trouble sleeping, which can lead to bouts of insomnia.

You're distracted

"We may be preoccupied with our thoughts and easily distracted," says Nicky. Experiencing racing thoughts is common with anxiety, but this attention to the 'inner dialogue' can result in others perceiving us as distant.

You overthink

"When you're anxious, you're desperately trying to make sense of a situation. Overthinking and labouring over every eventuality is a way of protecting yourself and gaining control," says Nicky.

You're afraid to take risks

Sticking to your 'comfort zone' means you won't have to face frustration, embarrassment, sadness, anger or disappointment – all extreme feelings for someone with anxiety. "When we're anxious, we want to protect ourselves and can see risks as threats, so we become risk-averse," says Nicky.

You talk too much

You may be in a 'high-functioning' state when you're anxious, meaning your mind is going at 100mph. As a result, your actions – such as talking a lot – may follow suit.

You're unwilling to make friends

Opening yourself up emotionally can make you feel vulnerable and exposed. You may already be imagining losing that friendship before it's even started. "Anxiety may isolate us by way of protecting ourselves from unknown territory," says Nicky.

You feel unwell

Constant anxiety has a big effect on the immune system, and trying to hide symptoms from others can impact physical health. "Anxiety can make us fatigued and even sick. Plus, adrenaline released can have a negative impact on our stomachs, as well as other parts of the body," explains Nicky.

When it's more serious...

Seek additional help and support if anxiety is disrupting your day-to-day life and stopping you from doing activities you previously enjoyed.

"Trying to hide symptoms from others can impact physical health"

Shortcuts to serenity

These quick tips can help, so make sure you practise them daily:

- A person who feels they are not worth listening to will speak quickly, because they don't want to keep others waiting on something not worth listening to. A person in authority speaks slowly; even if you don't feel very confident, try slowing down and see how it feels.

- Too much to do? Write down each task you can't do right now on a separate piece of paper. Then, every other day, take a random one and do it. You'll soon get through the list.

- Learn to recognise negative self-talk ('I can't run any more, I've got to stop'). Visualise it as an irritating bug, stamp on it, kill it, then replace it with a positive one ('Come on, I can do this! Only half a mile left!').

- Laugh often. Watch a funny film or a YouTube video and have a good belly laugh. Science shows it helps to lower the stress hormone cortisol and can shift a low mood.

- You are what you do, so if you change what you do, you change what you are. Act in a positive way, take action instead of telling yourself you can't. Talk to people in a positive way. You'll soon start to notice a difference.

- If you choose to say 'no' to something, mentally rehearse the conversation beforehand, saying it simply and directly, giving no more than one key reason. Do not get into explaining or arguing: just repeat 'No, because...' quietly and firmly.

- Before always saying 'yes' to demands, take a deep breath, so you can touch base with yourself to discover what you would truly, honestly prefer to do.

- Have a list of useful apps that benefit your mental health. Try Headspace, Stress & Anxiety Companion, and Catch It.

- Don't aim too high. Set a goal you know you can achieve, then achieve it. You'll feel good. Now set another and achieve that. Soon you'll be setting bigger goals and achieving those, too.

- Visualise yourself at your most confident, then link this feeling to a physical action, such as pinching your thumb and forefinger together. Next time you need to feel confident in a situation, pinch your thumb and finger together to get back to that positive mental state.

- Keep talking. Having a chat with a loved one, sending a text to a friend, or going for a walk with a colleague can boost a low mood.

- Standing tall and straight makes you feel better about yourself. Imagine a piece of string is pulling the top of your head towards the sky, and the rest of your body straightens accordingly.

- Immerse yourself in nature. So-called 'green therapy', being outdoors is a powerful mood-lifter. A Stanford University study showed that a 90-minute walk in nature reduced ruminations, which is a risk factor for mental illness.

How to be calm

"If you're feeling anxious, there are ways you can step back and take control before the symptoms build up and take over," says Nicky.

Use a grounding technique

There are many different exercises and soothing techniques that you can use to distract yourself when you're feeling anxious. Over the page, we've shared some of our tried-and-tested breathing and grounding techniques.

Try positive affirmations

Tell yourself, 'I am safe, I am in control, this feeling is anxiety', and repeat until you feel more in control of your feelings.

Make dietary changes

Small changes to your diet can make a difference to anxiety symptoms. Try eating less processed food, drinking less alcohol, and cutting back or stopping caffeine. Don't forget that caffeine can be present in chocolate and soft drinks, too.

Get enough sleep

Maintain a regular sleeping pattern by going to bed at the same time each night, switching off screens at least one hour before bedtime, and ensuring your bedroom is dark and the right temperature.

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Grounding techniques to manage anxiety

Things to do to stop your mind spinning out of control

Words Edoardo Albert

Many studies over the years have proven what most of us predicted all along: anxiety rates are much higher among the neurodiverse than the neurotypical. Chronic anxiety is bad enough, but sometimes these thoughts and feelings can spiral out of control, leading to a full-on panic attack. Panic attacks are deeply scary. While gripped by one, it can feel as if you are about to die. So it is important to find techniques and exercises that can calm us down from a panic attack.

There are many different techniques but they all work towards bringing us out of a panicked mental state and into the immediate present – where there is no danger. Different techniques work for different people so it might be necessary to try a few before you find something that works best for you. It is best to practise them before a panic attack so that you know the exercise: after all, the middle of a panic attack is not the best time to be trying to remember what to do next.

5–4–3–2–1 technique

During a panic attack, or when we can feel anxiety ramping up, the body and brain are locked into a feedback loop. Feelings of anxiety make the deep brain think it is in danger, which leads to it pumping out emergency hormones while getting the body ready to fight or flee. These elevated physical levels feed the physical sensations that accompany anxiety, making us more anxious, which leads to the deep brain pumping out even more emergency hormones. But all of this is going on inside us. There is no danger. Even if the anxiety trigger is something like a forthcoming event, the event is not yet: there is no need to panic. However, the deep part of the brain does not know this.

Future fear has translated into a panic attack in the present. If we can pull our focus back to the present, where in fact there is nothing dangerous, then the body can respond in turn. The 5-4-3-2-1 technique is a way of dissolving future fears into the immediate reality of our surroundings. To begin, as an immediate calming technique, slow the breath. Breathe in for a

count of four and then out for a count of four. Repeat this.

Keep this breathing pattern throughout the exercise but the next time you breathe out, look around your surroundings and say, out loud, the names of five things you can see. They could be in the room with you – the chair, a bookcase – or outside, visible through a window – a tree, the sky, someone passing by. Then, again speaking out loud, say the names of four things you can hear. They can be things loud or quiet, near or far. The point is to focus the attention in your ears at this point. The third step is to say three things you can feel. This could be the chair under your bottom to the weight of clothes on your shoulder to the touch of a breeze on the cheek. We are working our way through the five senses, employing each sense in turn to divert our attention from the thoughts and feelings inside our mind to the exterior world immediately around us – a world which is calm and safe. By going through the senses in turn, we are conveying a message to our amygdala, which listens to the senses much more closely than it listens to our conscious thoughts, that everything is all right.

The fourth step is to name two things we can smell. For those of us who don't have particularly sensitive senses of smell it might work to carry around something that has a distinctive odour that we can focus on when we need to employ the 5-4-3-2-1 technique. A bottle of perfume or a stick of chewing gum. The chewing gum will come in useful for the final step: taste. It does not matter what you use to engage the sense of taste but something pleasant will help to wind the exercise down calmly.

The 5-4-3-2-1 technique is a focused sensory technique to shift our focus away from the storm of internal thoughts and feelings of a panic attack to the world outside ourselves. The technique conveys the message to our autonomic nervous system through all five senses that everything really is all right and it can switch off its emergency response.

Sight

Sound

Taste

Touch

Smell

Breathe

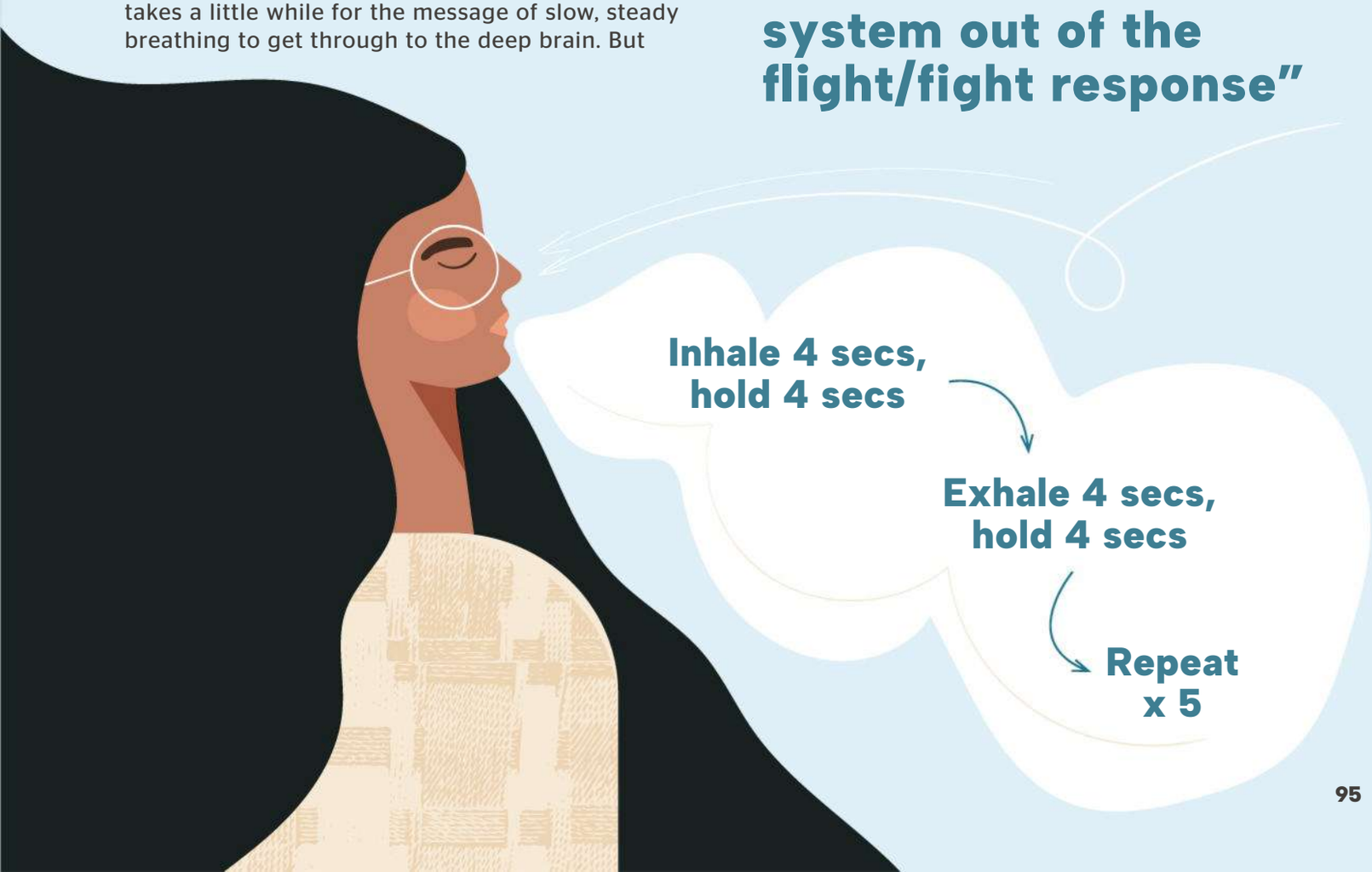
Panic attacks produce hyperventilation. Hyperventilation floods our muscles with oxygen, making it ready to fight or to run away. But in a panic attack, there is nothing to run away from. Our deep brain is preparing us for a situation from our distant past, when what we are actually facing is the fear of giving a presentation or nerves before an exam. The situations that produce anxiety in the modern world are rarely resolved by fighting or running away.

One way to tell our amygdala that there really is nothing to worry about is to control the breath. By controlling our breathing we can nudge the brain and nervous system out of the flight/fight response. To do so, we need to change the breath pattern into an inbreath to a slow count of four and an outbreath to a slow count of four, preferably through the nose. It's important that the count is the same length for both.

At the start, when panic breathing has kicked in, it might be difficult to breathe through the nose but as soon as it is possible, we should switch to nose breathing. The difficulty with this technique is holding on to the slow, even breath count no matter what thoughts and feelings are assailing us, because it takes a little while for the message of slow, steady breathing to get through to the deep brain. But holding to slow, even breathing will send a message through the body to the deep brain: there is no emergency, switch off the danger hormones.

Note that some magazine articles advocate breathing out for twice as long as the inbreath, so an inbreath to the count of four and an outbreath to the count of eight. This rarely works as that breathing pattern works to put our system into its rest/digest state. Trying to switch immediately from the fight/flight response to rest/digest is simply too big a step – the body might panic even further at having these contradictory signals being sent to it. Using calm, slow breathing, with an even breath count puts us into a neutral physiological state, ready to respond to external stimuli. This allows the deep brain to reset itself and us to come out of the panic attack. The best way to prepare for dealing with a panic attack is to practise the long, 4/4 breath pattern beforehand, so that it has become grooved by repetition.

"By controlling our breathing we can nudge the brain and nervous system out of the flight/fight response"



Progressive muscle relaxation

When we are anxious, our muscles tense. They do this because the deep brain is preparing the body for action, getting it ready to fight or run. However, people suffering from generalised anxiety disorder (GAD), the most common form of anxiety disorder, who live in a constant state of chronic anxiety, can have their muscles in a habitual, permanent state of tension. Progressive muscle relaxation is a way to systematically work through the muscle groups of the body, learning the difference between tension and relaxation, and discovering how to successively relax the muscles in one's body.

This is one technique that must be thoroughly practised, ideally twice a day at first. It takes about 15 minutes and you will need a room where you won't be disturbed. Start by lying on the ground or sitting comfortably in a chair. Take five long, slow even breaths.

Progressive muscle relaxation works by targeting muscle groups in turn. You first tense the muscle group as much as possible, for instance by squeezing your hand into the tightest fist you can manage. After five seconds, breathe out and relax those muscles. Concentrate on how the muscles feel when relaxed as opposed to when they are tense. You are learning what a relaxed muscle feels like.

People usually find it most effective working from feet to head or head to feet. We will look at feet to head but the sequence can be reversed. Some people find it helpful to have a recording to take them through the different muscle groups until they have learned them all.

Start by tensing one foot, curling the toes downwards. Hold, then relax, concentrating on the feel of a relaxed muscle. Then tighten the calf of the same leg by curling the toes upwards. Finish the leg by tensing the thigh muscles. Repeat on the other leg.

Clench one hand, then relax. Tense the whole arm by drawing your clenched fist to your shoulder. Repeat with the other arm.

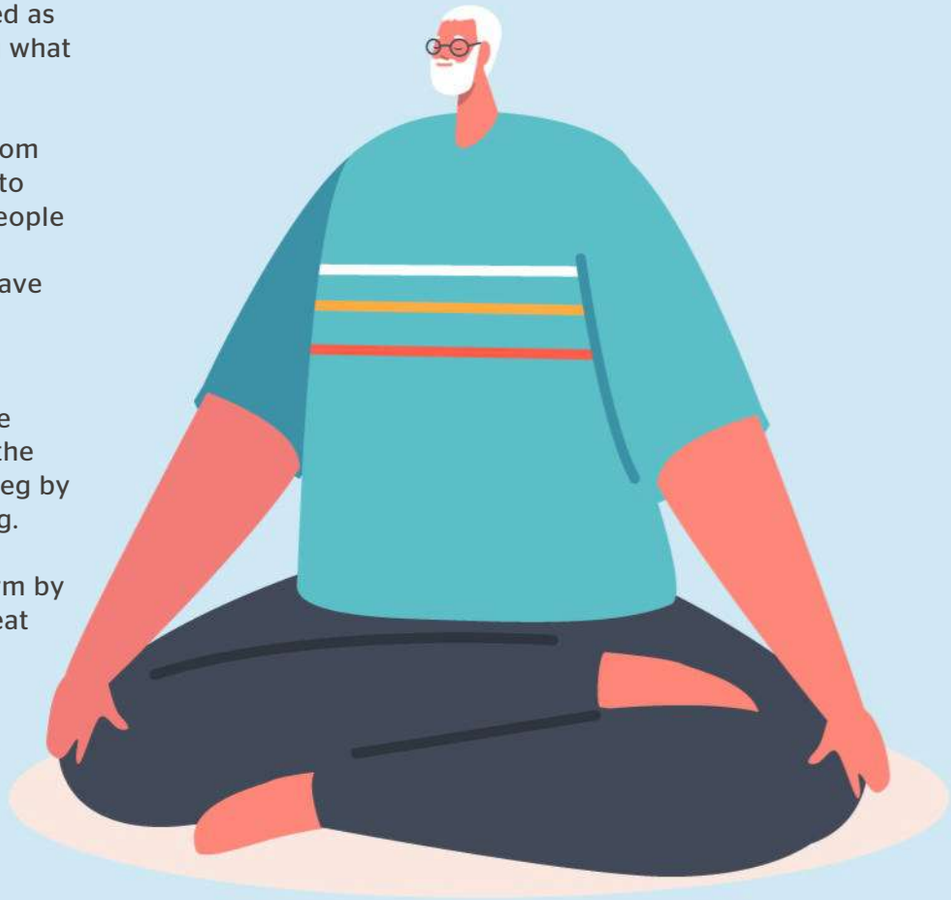
Moving on to the trunk, start by tightening and then releasing the buttocks. Next, tense and relax your stomach. Tense the chest by taking and holding a really big breath, then breathe out.

To tense the neck and shoulders, hunch your shoulders towards your ears and then relax. Open the mouth as wide as it will go and then relax. Squish your eyes as tight shut as possible and then open them. Finally, tense your forehead by raising your eyebrows as high as you can, and then relax.

Once the exercise is familiar and you know what a relaxed muscle feels like, you might want to switch to tensing and releasing sections of the body together: both legs, torso, arms and neck, head. Finally, it may become possible to skip tensing completely and simply work through the body, relaxing each muscle group in turn.

The end result should be a relaxed body. As our brains work in partnership with our bodies, this will tell the brain that it can relax too.

"The end result should be a relaxed body and mind"



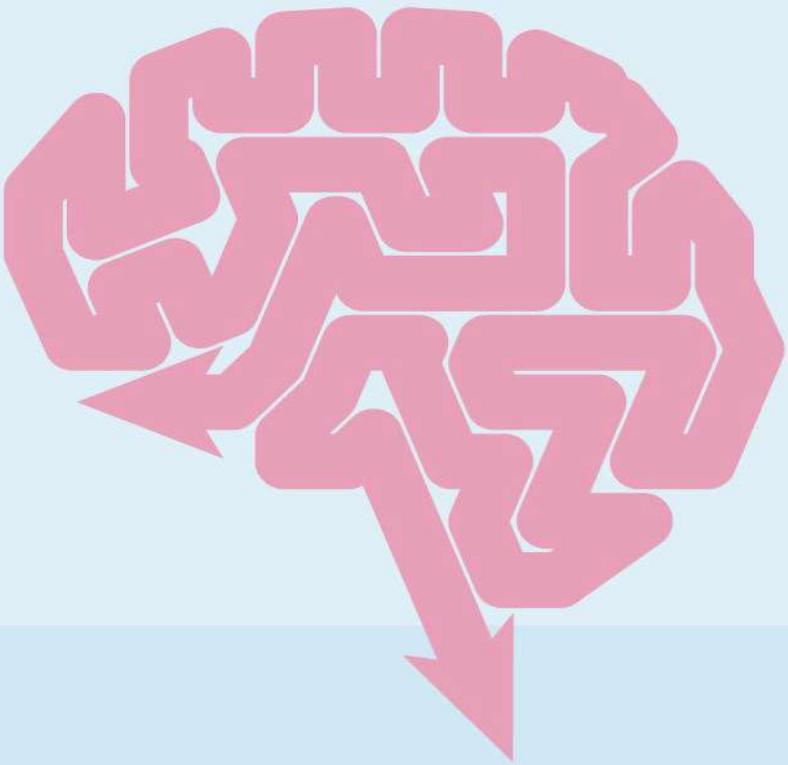
Memory games

The cycle of anxiety is perpetuated by distraction. Anxiety before writing an important essay can be relieved by looking at cat videos on YouTube, the instant release of tension brought through procrastination leading to a further deepening of the cycle.

However, there are times when feelings of anxiety can become so overwhelming that simply relieving them becomes more important than anything else. In these cases, effective and non-harmful distraction techniques can be both helpful and necessary.

Among the most effective of these are exercises that intensively use the most conscious part of our brains, the pre-frontal cortex. This is also the part of the brain that is most prone to worry, so finding something else for it to fixate upon can allow the rest of the brain to slowly relax.

Any mental exercise that is sufficiently demanding to require complete attention but is not too demanding to overtax a mind that is at its limits is ideal. Many people find memory games useful, whether that be reciting memorised poems or learning something new from scratch. Visual thinkers might try to remember and visualise something familiar: the kitchen worktop, the face of a loved one. More physical mental games, from jigsaws to Sudoku, can also be effective. However, as a general rule, high-intensity computer games should be avoided as these will increase stress levels.



Rainbow grounding

Rainbow grounding is a relaxation technique that works particularly well with anxious children. The pandemic and the government response to it produced major increases in anxiety among children so this might be a useful exercise to help an anxious child.

Again, it is based on moving attention out from the internal world to the world around us. Look around and try to see the rainbow in the colours of the things in your surroundings. Start with red, then move through the other colours, yellow, green, orange, purple and blue. It's probably best to skip indigo as most people are a bit vague as to how indigo differs from purple.

As you see each colour, really look at it to see what shade it is, its texture, the way the light falls upon it. It's perfectly all right to add non-rainbow colours to the list too, such as pink or black or grey or brown.

The best thing about this technique is its simplicity, which makes it particularly suitable for young children.

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Feeling overwhelmed

We explore why those with neurodiversities experience overwhelm and how to handle it

Words Julie Bassett

Overwhelm describes any situation where something becomes just too much for the available resources to handle. In terms of the brain, overwhelm is a response to feeling overcome with thoughts, emotions, physical feelings and/or situations that are more than you're able to process and cope with. Everyone, whether neurodiverse or not, can become overwhelmed, particularly in times of high stress, however for those with a neurodiversity, feeling overwhelmed can happen more often.

This is because neurodiverse people have to not only cope with the usual causes of stress and strain, but are also living in a world that is ultimately designed around a more neurotypical experience. This creates an environment that is inherently a source of stress and triggers, although individual causes of overwhelm will vary.

Why do we experience overwhelm?

There are many reasons why those with a neurodiversity will experience overwhelm. For some people, particularly those with ADHD or autism, senses can be heightened, meaning that a person is sensitive to light, sound, texture or smells. In a situation where there is, for example, a lot of loud, overlapping noises, it's not uncommon for someone who has heightened sensory processing to become easily overwhelmed and overstimulated.

Another trigger can be certain social situations. Some neurodiverse people find it harder to handle social engagements, especially if they find it difficult to follow the thread of a conversation, don't always pick up on social expectations or cues, find it hard to know when to talk or respond, or can't easily identify another person's emotions or feelings in conversation. This can mean that it's more difficult to stay engaged and can be an exhausting experience, especially if concentrating on masking... which can then lead to being more overwhelmed.

"Some neurodiverse people find it harder to handle social engagements"

Change, especially unexpected or sudden change, can lead to becoming overwhelmed too. Some neurodiverse people use routine and structure to help navigate day-to-day life, and disruptions to this can be difficult to cope with. The threshold for change varies hugely. While for one neurodiverse person it can be a big change like moving house that triggers overwhelm, for another it can be a bus not turning up or a particular item being out of stock in a shop that has the same reaction.

Decision making can also be a trigger for overwhelm, especially if someone feels that they are being asked a lot of questions or having to navigate a lot of situations at once. For those who struggle in a specific area, such as in the case of dyslexia, it can be hard to avoid the things they struggle with, which can also build up into feeling overwhelmed. Other common reasons for overwhelm include clutter, disorganisation, trying to focus on a lot of tasks, deadlines and planning.

Neurodiversity is complex and it's important to note that while the triggers may change from person to person, the feeling of being overwhelmed is something that can impact physically, mentally and emotionally regardless of the cause. Overwhelm can also build up if not identified and supported properly, meaning that our ability to cope with further triggers is compromised. Overwhelm can snowball and lower our tolerance to particular situations, which can lead to anxiety, poor mental health and lower self-esteem.

Effects of overwhelm

When we do get overwhelmed, this can manifest in a lot of different ways. Some people will feel the

“When we do get overwhelmed, this can manifest in a lot of different ways”

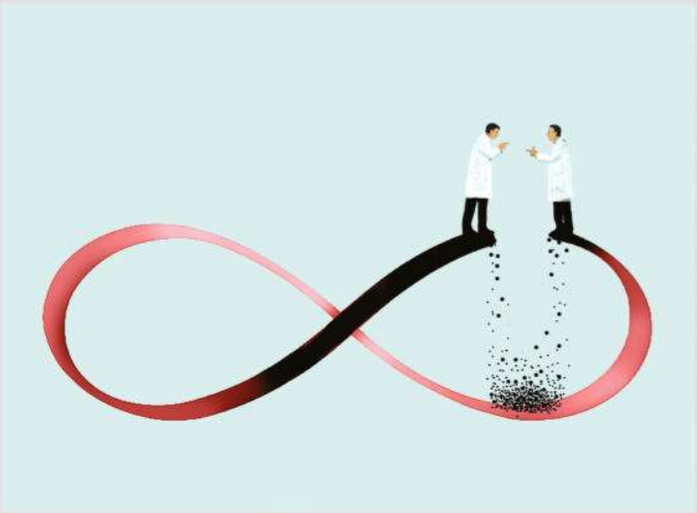
overwhelm in a very physical way, which can be in a racing heart, a tight chest or difficulty breathing, headaches, visual disturbances, feeling hot or cold, and dizziness. Emotionally, it’s not uncommon to feel very anxious or stressed, frustrated, irritable or angry, sad or teary.

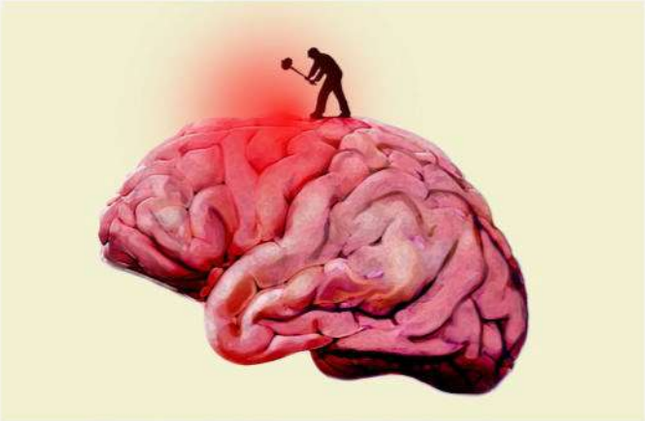
It can also lead to some people feeling restless, unable to sit still or needing to pace; others may have to use physical ticks or stimming behaviours as a way to try and block out the overwhelming sensations. Repetition in movement or thought, being unable to sleep, finding it hard to focus and concentrate, and exhibiting impulsive behaviour can all be caused by being overwhelmed.

If overwhelm isn’t supported or dealt with, and therefore carries on over a long period of time, chronic overwhelm can ultimately lead to burnout (see the boxout, right).

Coping with overwhelm

It can be incredibly hard to cope with overwhelm, and strategies to do so very much depend on the age, capacity and ability of the neurodiverse person, as well as the specific difficulties and the severity of those difficulties that they may face.





When overwhelm leads to burnout

Feeling overwhelmed a lot of the time and for a long time can lead to burnout. Burnout is caused by long-term stress triggering the brain and body to essentially ‘shut down’. Burnout can cause symptoms like chronic exhaustion, anxiety, irritability, physical issues, an inability to focus, insomnia and feeling unable to cope.

Neurodiverse people may be more likely to experience burnout due to the extra challenges they face in having to adapt to an environment that’s not optimised for them. This can be especially true if someone spends a lot of time masking in order to fit in at work or in social situations, or adapting and engaging in situations in which they don’t feel comfortable.

Some studies show that neurodivergent people may experience burnout differently to neurotypical people, and that symptoms can vary depending on the type of neurodiversity – this can include things like a loss of skills, increase in sensory sensitivity and needing more support than usual in daily activities.

It’s important to seek help in the case of burnout, as it doesn’t often get better on its own without intervention, and recovery can take weeks or months.

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Tips for prioritising

If you're looking at your to-do list and feeling overwhelmed, here are some tips for prioritising your tasks.

Not everything is urgent

When you write a list, it gives everything equal urgency. One method to prioritise is the Eisenhower Matrix, which breaks tasks down by urgency and importance, separating tasks into Do Now (things that are important and urgent), Decide Later (things that are important but not urgent), Delegate (things that are urgent but not important) and Delete (things that are not urgent or important).

Do quick tasks

Handle any tasks that will take less than 5 minutes right away. This is great for those little tasks like washing up, taking laundry out of the machine, opening mail, etc, that can easily turn into bigger tasks if not done. Some people respond to gamifying these little tasks with reward systems or timers.

Daily tasks

When a task has to be completed every day, build a daily routine that ticks them off. If you struggle to cook, for example, then meal planning, batch cooking and prepping ingredients in advance can help. Every morning, assign 5 minutes to make your bed, and every evening use 10 minutes to tidy a room. These routines will build and become habit, while chipping away at overwhelm.

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"Self-soothing in the moment can stop the feelings from building up"

If the overwhelm is sudden and immediate, then the most important thing is to try and remove the trigger and find a safe space. If it's a noisy environment, for example, is there a quieter area nearby to take a few breaths and calm down? Some people find sensory objects useful to have in a pocket, which can be used when overwhelmed as a focus or distraction. Self-soothing in the moment can stop the feelings from building up, which can include strategies like visualisation, getting fresh air, practising a breathing technique or repeating certain phrases or affirmations.

The more you understand your neurodiversity and what can trigger you into feeling overwhelmed, the more you can plan and prepare. The first step is in learning your own personal triggers and recognising the signs of overwhelm before they build up. This gives you time to extract yourself from a specific situation, or to notice when life's daily tasks are starting to build up to an unmanageable level so that you know you need to step back.

Some people might find it useful to make a list of what is making them feel overwhelmed if it's task based; although for others, a list can be a source of overwhelm if it's hard to then delegate or time manage that list – proving that there is no one solution to managing overwhelm that suits everyone.

Long term, prevention is always better than cure. Make sure that you're taking time for yourself. Some neurodiverse people find that journalling, lists, breathing activities, exercise or meditation can help prevent overwhelm from building up. It's also good to spend some time exploring thoughts and feelings to try and understand where they're coming from, and learning to reframe negative thoughts – some people may need external help with doing this and education around different coping tools and techniques.

The key thing is not to ignore these feelings of overwhelm. It's a valid emotional response and being mindful to it can help with understanding, seeking support and coping better with day-to-day life.

Sticks and stones

While we may be aware of the impact that bullying has on children, too often we ignore the scarred adults it leaves in its wake

Words Emma Green

Bullying is generally seen as a childhood rite of passage, something most of us will go through at some stage in our development but from which we will usually emerge unscathed, or at least, a little bit tougher and a little more humbled. But what happens when this isn't the case? While school may seem a fleeting memory to some, for others, it is the catalyst for deep psychological wounds that refuse to heal, even decades on.

Research into bullying first began in the 1970s, and while there are no official statistics on the prevalence of bullying in schools, studies have suggested that more than half of all young people will experience some kind of peer victimisation in their lifetime. The UK's Department for Education defines bullying as behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group, either physically or emotionally. Although bullying can take many forms, experiences tend to differ across genders. Numerous studies have shown that boys are more inclined to be involved in physical attacks while girls are more likely to be affected by emotional forms of bullying, such as verbal abuse and social exclusion.

While anyone can be a victim of bullying, some demographics are more prone to experience it than others. In particular, neurodiverse people face a higher risk of being bullied by their peers. Neurodiverse pupils are twice as likely to be bullied than their neurotypical counterparts, and those with Autistic Spectrum Conditions (ASC) are at the highest risk out of everyone to be targeted by bullies.

Why do people bully?

The most predominant factor in why someone might be bullied is simply for just being 'different'. Dr Ellen deLara, an associate professor of social work at Syracuse University and author of *Bullying Scars: The Impact on Adult Life and Relationships*, explains that "being different in any way is the main reason that a child is selected for mistreatment. Adolescents prize conformity and therefore will bully someone who looks or behaves outside the norm." She suggests that bullying is used as a mechanism to put anyone who is deemed different "outside of the herd" in order to correct this discrepancy. Trivial perceived differences

in someone's height, weight, appearance, hair colour, disposition, class or intelligence, could be the very incentive for subjecting them to peer-on-peer abuse.

Dr Sheri Bauman, a leading academic in bullying prevention and a professor of counselling at the University of Arizona, believes that social status is at the core of most bullying.

"Bullies are trying to get or maintain status," she explains. "If they have it, they want to keep it; if they don't, they want to get it."

Dr Bauman says that most bullying peaks around early adolescence, just as children are moving on to secondary education.

"Bullying goes way up then because the new school is bigger and there's more competition," she says. "It makes sense if you think of the bully as needing admiration, power and status. Bullying is a way of getting that."

Despite zero-tolerance policies in schools and the threat of punishment, bullying can seem impossible to contain for educators.

"For the bully, it's very rewarding," explains Dr Bauman. "Bullies get all these rewards for behaving badly, so it becomes very difficult to encourage them to change their behaviour."

When speaking to former bullies, Dr deLara also spotted another pattern.

"Most of them said they didn't think they were bullying," she says. "They were just teasing or fooling around and didn't think the other person was upset by it. It's not even a rationale. It's exactly how they think."

Long-term effects on victims

For the victims, the aftermath of being bullied as a child can linger far beyond the schoolyard. Research carried out by the University of Warwick shows that childhood bullying can 'cast a shadow over the whole life course, leading to serious illness, poor social relationships and problems holding down a regular job'. Further studies have also shown that being a victim of bullying is associated with increased

Safeguarding children from bullying

It can be incredibly hard as parents to have to witness your child being bullied, but it can be even harder to know exactly what to do to get them through it. Fortunately, there are some protective factors that we can put in place to insulate children from becoming damaged adults later on in life. First and foremost is fostering a supportive family environment where open communication is encouraged so the child feels secure enough to disclose what is happening to them. Additionally, attending therapy or a bullying support group will help children practise their social skills within a safe space. Encouraging positive friendships is also important, as peer support can be a powerful protector against the negative impacts of bullying. Enrolling children in activities that give them a sense of purpose and where they can meet like-minded children can help to counter some of the rejection and exclusion they may face at school.

mental and physical health problems, along with lower academic attainment and income, even after accounting for other contributing factors such as family hardship.

Repeated exposure to abuse as a child can also change the brain. Verbal bullying, particularly in early adolescence, can damage or hinder development in key structures of the brain including areas that process emotions and control behaviour. This could partially explain why individuals who were bullied as children are more prone to experiencing long-term psychological conditions such as anxiety, depression and post-traumatic stress disorder (PTSD).

Adult Post-Bullying Syndrome

While conducting research for her book, Dr deLara interviewed more than 800 people about their experiences of bullying in their formative years. She discovered a trend in symptoms exhibited amongst those who'd been severely bullied as children that she refers to as 'Adult Post-Bullying Syndrome' (APBS). Although some symptoms share similarities with cases of complex PTSD, the term 'Adult Post-Bullying Syndrome' encapsulates the unique set of psychological, emotional and social challenges that former victims of bullying continue to grapple with well into adulthood.

Whereas not everyone who is bullied as a child will experience trauma, many victims will display some, if not all, the signs of APBS. One of these symptoms is issues with self-esteem and shame.

"Children who are victims of bullying and harassment are made to feel ashamed of who they are," writes Dr. deLara. "They feel ashamed, hurt and confused when they are shunned by their peers. They feel ashamed that they are singled out for taunting, and they feel ashamed and angry that they cannot figure out how to make it stop."

Bullying can profoundly impact one's sense of self-worth and identity, leading to negative self-perceptions and diminished confidence.

Some may try to overcompensate for feelings of shame by becoming people pleasers, another symptom of APBS. Dr deLara believes that the driving force behind this behaviour is that "if you can figure out how to be everything and do everything right, then nothing

bad will happen to you, which of course, is impossible." Approval-seeking and trying to be perfect becomes a people pleaser's best form of protection from future criticism and harassment, but it only serves to further erode their sense of self and to be a passive participant in their interpersonal relationships.

For others, the shame that resides within them is expressed through feelings of anger, rage and revenge – another sign of APBS – and they may try to channel this aggression through revenge fantasies. This could manifest in a relentless drive to surpass those who bullied them and through constant monitoring of social media as a gauge to see whether they're doing 'better' than their former bullies. In extreme cases, this thirst for revenge can result in acts of violence such as school shootings.

Suffering from emotional problems and psychiatric disorders later in life are a key characteristic of APBS, particularly depression and anxiety. Another is a propensity towards substance misuse which may come in the form of food, alcohol or drugs. This is used as a maladaptive coping mechanism to alleviate emotional pain and distress, but can further exacerbate mental health problems as well as negatively impact relationships and employment prospects. Furthermore, adults with APBS also tend to have issues with body image, particularly those who were overweight as a child; a remnant carried over into adulthood from past ridicule and disparagement about their appearance.

The heinous treatment that victims of bullying have to suffer at the hands of their peers means that it can be very hard for them to trust others, especially those who resemble their former bullies in some way.

"Many people develop a prejudice based on the type of person who bullied them," says Dr deLara. "For example, sometimes people will say to me, 'I hate athletes', while others say that being bullied made them hate people in general."

"Bullying can profoundly impact one's sense of self-worth and identity, leading to negative self-perceptions"

Moving beyond the trauma

While the impact of childhood bullying can be devastating, it is not inevitable. With the right support, victims of bullying can heal from the trauma of their past and go on to build fulfilling lives. Therapy can help to rebuild self-esteem, create a positive sense of identity, develop healthy coping mechanisms and cultivate better relationships. It does this by challenging negative beliefs that may have been internalised from being bullied, as well as helping an individual to practise forgiveness, advocate for themselves and to assert healthy boundaries. Cognitive-behavioural therapy (CBT), trauma-informed therapy and eye movement desensitization and reprocessing (EMDR) therapy are all effective methods for exploring and processing past experiences of bullying. Seeking professional support can also help to treat any additional psychiatric disorders that may have developed as a result of being bullied, while simultaneously addressing the root cause of the trauma.

This lack of trust in others can have a knock-on effect on a victim's ability to form and maintain healthy relationships later in life. Their fear of rejection, betrayal or abandonment learned early on in childhood can impede their ability to connect with others authentically, leading to social withdrawal and isolation. Even if they can establish connections with others, the effects of bullying can spill over into their adult relationships, contributing to difficulties in communication, intimacy and setting boundaries with their romantic partners, friends, family members and colleagues. Problems in relationships and trusting others are two more classic signs of APBS.

Post-traumatic growth

During her research, Dr deLara discovered an additional and surprising symptom of APBS.

"I didn't expect anybody to tell me that there would be anything positive [to come out of being bullied]," she says. "When I asked adolescents, they said 'absolutely not'. But when I talked to adults, 47% of them said that being bullied had had a positive effect on them."

These positive effects can manifest in various ways from an increased sense of empathy and an enhanced moral consciousness to more self-sufficiency and less dependence on others. It could also result in a stronger push towards goal attainment and success, as a way of proving themselves. This form of 'post-traumatic growth' arises from how individuals choose to respond and cope with their trauma, which may never have come to the fore if it hadn't been for being a victim of bullying. However, Dr deLara emphasises that although there may be positive outcomes for some, the negative effects associated with peer-on-peer abuse far outweigh the positives and should never be used as an excuse to endorse bullying.

Long-term effects on bullies

Surprisingly, it's not just the victims themselves who suffer because of bullying. Research has shown that those who were bullies in school are also more likely to be affected by lifelong problems. In 2019, the Scottish Centre for Youth and Criminal Justice published a report on bullying behaviours. It states that children who were perpetrators of bullying between the ages of seven and 12 were significantly more likely to be arrested by the age of 30. Moreover, the odds of frequent bullies having committed more than five crimes by the age of 26 was almost seven times more likely than those who didn't bully. Another report commissioned for NHS Scotland on addressing school violence and bullying found that young people who displayed bullying behaviours were at increased risk of depression and suicidal thoughts, as well as being more likely to drop out of school and be involved in criminal acts.

"The effects of bullying can spill over into relationships"

'Just get over it'

If we know that there are such dire and pervasive consequences for everyone involved in bullying, why is it an area of research so often overlooked by academics?

"It's a very difficult kind of research to do," explains Dr Bauman. "The gold standard is to study a group of kids and then follow them into adulthood. But it's very challenging because people move or die or decide they don't want to participate anymore. It's also very expensive and hard to get funding for these types of long-term, prospective studies."

Dr deLara also believes that the lack of research is fuelled by society's ignorance of how enduring the effects of childhood bullying can be.

"As a culture, we say, 'This is childhood, that's over, now you're an adult'," she says. "The minute you leave school, people think that's the end of that and you should be over it."

It's easy to see how this thought process has infiltrated our collective mind. Old adages such as 'Sticks and stones may break my bones but words shall never hurt me' and 'What doesn't kill you, makes you stronger' are drummed into us from an early age to bolster our resilience towards interpersonal cruelty. Although these proverbs are relatively harmless, they also serve to deflect and minimise the impact that words and negative treatment by our peers can have on us. Until, as a society, we start to take the effects of childhood bullying more seriously, we will continue to see them play out in traumatised adults long after the echoes of the school bell have ceased.

Don't suffer in silence

Talking to someone about being bullied might feel almost as tough as dealing with the bullying itself, but it's essential.

Even if you feel it will be upsetting or embarrassing, don't let that, or any threats about speaking out, stop you.

Who you tell will depend on who you feel most comfortable with. As an adult, it could be a friend, colleague or partner. If you suspect or know your child is being bullied, encourage them to talk to you or perhaps a teacher or another relative. If you don't get the response or the help you hoped for, choose someone else and carry on until you do. In addition to advice on dealing with bullying, there are numerous organisations that are set up to offer help, some with helplines or text services to contact in a crisis. If you ever feel in immediate, serious danger you should call 999 (UK), 911 (US) or 000 (Australia).

UK

Ditchthelabel.org is an international anti-bullying charity offering online help via digital mentors and a support forum. You can also call them on **01273 201129** between 9am to 5.30pm, Monday to Friday.

-

Actagainstbullying.org is a registered charity set up by the parent of a bullied child. It offers lots of advice for teenagers – you can also email them at: **info@actagainstbullying.org**

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Antibullyingpro.com has an online support centre and offers a 24/7 crisis messenger service for young people in the UK – text **DA** to **85258.**

-

Childline.org.uk has some great practical advice, including how to deal with different forms of online bullying and an under 18s helpline: **0800 1111.**

-

Nationalbullyinghelpline.co.uk can be contacted on **0845 2255 787**, Monday-Friday, 9am to 5pm, and is aimed at both young people and their parents.

-

Giveusashout provides a crisis text support service for all ages – text **Shout** to **85258.**

US

The National Suicide Prevention Lifeline provides 24/7 emotional support to people in suicidal crisis or emotional distress: **1-800-273-8255.**

-

Teen Line provides emotional support to young people: **teenlineonline.org/talk-now** **310-855-HOPE** or **800-TLC-TEEN.**

-

Covenant House NineLine deals with crisis intervention and angry feelings: **1-800-999-9999.**

-

National Hopeline connects callers to a 24-hour crisis center in their area: **1-800-784-2433.**

AUSTRALIA

headspace helps young people aged 12–25 years who are going through a tough time. Visit headspace.org.au or call **1800 650 890.**

-

Kids Helpline offers a 24/7 telephone and online counselling and support service for young people aged 5–25 years. Visit **kidshelpline.com.au** or call **1800 55 1800.**

-

Lifeline provides crisis support 24/7 for all ages. Call **13 11 14** or chat online every night at **lifeline.org.au.**

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Do narcissists target the neurodiverse?

Neurodivergent individuals face a heightened risk of falling into abusive and trauma-bonded relationships, leading to a cycle of unhealthy partnerships. But it's not your fault – here's why...

Words Alice Pattillo

Navigating romantic relationships can be tough for anyone, but it's especially challenging for neurodivergent people, who are disproportionately affected by abuse, particularly from intimate partners. Studies reveal that women with ADHD are almost five times more likely to face physical abuse in a romantic partnership, while autistic individuals are three times more likely to experience bullying, physical, or sexual abuse. Disturbingly, almost nine out of ten autistic women have experienced sexual violence. So, why are neurodivergent individuals more vulnerable to domestic abuse, and crucially, what can be done to avoid these toxic relationships?

Opposites attract?

Research suggests that neurodivergent people might attract those with narcissistic or sociopathic traits, possibly because some neurodiverse traits mirror the behaviours of these toxic personalities. For instance, while autistic and ADHD individuals may appear self-focused due to compensating for their communication and sensory-processing difficulties, narcissists and sociopaths exhibit similar behaviours out of a belief in their own superiority. The overlap makes it easy for abusers to manipulate neurodivergent partners, projecting their own faults onto them and convincing others the neurodivergent partner is the problem. While narcissists and sociopaths lack empathy, autistic and ADHD folks often have higher levels of it. This is appealing for a toxic personality, as they can exploit this emotional sensitivity and tendency to forgive and see the best in people.

It's not me, it's you

Many neurodiverse individuals struggle with social interactions, leading to a lifetime of negative feedback that fosters low self-esteem. By age 12, neurodivergent children hear 20,000 more negative comments than their neurotypical peers, contributing to feelings of shame, guilt, and poor self-worth. This vulnerability makes them prime targets for toxic partners who exploit their need for approval and acceptance. Years of bullying, communication difficulties, and social isolation exacerbate this risk, as abusers can more easily manipulate someone who already feels misunderstood and alone. Many neurodivergents are honest and blunt about their perceived failings too, which will boost a narcissist's need to feel superior.

Love is blind

Neurodivergent people often miss early signs of toxic behaviour due to their tolerance for others and struggles with interpreting social cues. Autistic individuals may take deceitful partners at face value, while those with ADHD may rush into relationships without recognising red flags. This tendency is particularly dangerous, as many neurodivergent people also struggle to communicate their own boundaries effectively and can therefore elevate their risk of being taken advantage of.

“Many neurodiverse individuals struggle with social interactions”

It's the little things that count

Gaslighting, a common tactic of abusers, can have a profound impact on neurodivergent individuals who may already doubt their own memories and perceptions. ADHD affects working memory, causing minor details to be forgotten, while autistic individuals and those with dyslexia may also struggle with processing and recalling information. This makes it easier for abusers to distort reality, convincing their partners that they are the ones at fault.

You drive me crazy

Consistent gaslighting can lead neurodivergent individuals to hyperfixate on the idea that they are the problem, exacerbating their existing emotional dysregulation, eventually leading to meltdowns. These forced meltdowns give the abusers a chance to paint their partners as 'crazy' or aggressive. This manipulation not only damages the victim's self-perception but also enables the abuser to justify further punishment and control. Another worrying consequence is that studies show if police are called during an autistic meltdown, law enforcement often perceives the neurodivergent victim as the aggressor, leading to further victimisation.

Feeling more deeply

Those with ADHD in particular often struggle with emotional hyperarousal, which causes thoughts, reactions and feelings to be more intense. Criticisms have more of a long-term effect on those with emotional hyperarousal – but so do feelings of love and pleasure. This makes it easier for people to love bomb them as they will associate them with the intense happiness, but also means any criticisms will be taken very personally and profoundly affect their self-esteem. It also elevates the risk of suffering from post-traumatic stress disorder and other disorders that can arise out of trauma, such as dissociative disorders, depression, anxiety disorders, borderline personality disorder, obsessive-compulsive or paranoid personality disorders.

You are my world!

Love bombing – a tactic where an abuser overwhelms their partner with excessive affection to gain control – is particularly effective on neurodivergent individuals, who may misinterpret this behaviour as genuine. Neurodivergent people may also engage in love bombing, though usually without malicious intent. Hyperfocus and intense interests are common traits in neurodivergent individuals, and this can be misinterpreted as love bombing by their partners. Because of this, they may not recognise the abuser's behaviour as manipulative, making it easier for them to fall into the trap. On top of this, love bombing can be intoxicating for neurodivergent individuals, who often crave approval after a lifetime of criticism. However, love bombing can lead to trauma bonding, where the victim becomes addicted to the abuser's approval, despite the subsequent cycles of abuse. It can also result in isolation, as the victim becomes increasingly dependent on the abuser, neglecting other relationships and responsibilities.

Please don't leave

Rejection Sensitive Dysphoria (RSD), common in those with ADHD, makes the threat of rejection or abandonment especially painful. Abusers exploit this by threatening to leave, triggering intense reactions and further entrenching their control. Research indicates that social rejection activates brain regions associated with physical pain, making it especially hard for neurodivergent individuals to distinguish between emotional and physical threats, which can exacerbate emotional dysregulation.

(Real) love conquers all

While neurodivergence can make someone more vulnerable to toxic relationships, it doesn't mean neurodivergent people are doomed to be victims. Awareness of your own behaviour, as well as that of others, is crucial. Setting boundaries, documenting events, and building a support network can help protect against and break the cycle of abuse. Even then, abusers are skilled manipulators who exploit vulnerabilities. Abuse is never your fault, and if you suspect you're in an unhealthy relationship, seek support – visit **www.relate.org.uk**. Love should be honest, understanding, and supportive – never settle for less. Trust your instincts; if something feels off, it probably is.

Tolerating trauma

Post-traumatic stress disorder (PTSD) develops after experiencing a traumatic event, such as war or sexual violence, and is classified as an acquired neurodiversity. While around 40% of those with PTSD recover within a year of treatment, Complex PTSD (C-PTSD) results from prolonged trauma and often leads to additional conditions like anxiety, depression and substance abuse. Symptoms include nightmares, flashbacks, hyperarousal, and emotional numbing, with C-PTSD adding feelings of shame, guilt and relationship difficulties.

PTSD and C-PTSD are more prevalent among women and neurodiverse individuals. A 2021 survey found that 44% of autistic adults met the criteria for PTSD, while people with ADHD are four times more likely to develop PTSD than neurotypicals. Many C-PTSD symptoms overlap with ADHD, and those with ADHD and emotional hyperarousal often experience trauma more intensely, increasing the likelihood of PTSD after events that might not affect neurotypicals as much. Additionally, past trauma, whether diagnosed or not, heightens the risk of entering abusive, trauma-bonded relationships.

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Feeling inferior

Neurodiverse people may struggle with low self-esteem, inferiority complex and imposter syndrome. We look at why that is and how to build self-confidence

Words Julie Bassett

Sometimes being neurodiverse can have an impact on both self-esteem and self-worth. One small UK study* found that adults with ASC, for example, have significantly lower levels of both life satisfaction and self-esteem; something that researchers have also found in relation to other neurodiversities.

Neurodiversity and self-esteem

Self-esteem is a person's perspective of their own value and worth, based on their internal beliefs and opinions. We usually form these beliefs through our interactions with those around us, and often compare ourselves to our peers. This can be influenced by how much we feel we belong in our environments. When we feel included, supported, accepted and respected, this can help us to form positive beliefs about who we are, which in turn boosts self-esteem.

For those who are neurodiverse, certain experiences and environments can make it hard to experience this sense of belonging. For example, schooling and education is often based around academic success, conforming to rules and passing exams. If we struggle in any of these areas, it can mark us out as 'different' from a young age – a feeling that will then follow us into later life and make us question our self-worth and value. However, if we're able to experience a more inclusive and expressive environment, where other strengths like creativity, lateral thinking and individuality are encouraged, we might feel more like we belong, bolstering our self-esteem.

Unfortunately, society is built to predominately cater for the experience of a neurotypical population. When we don't frequently interact with others who see and

"Society caters for the experience of a neurotypical population"

experience the world the same way, it can feel isolating, lonely and 'othering'. There are also certain stereotypes and stigma attached to being neurodiverse, and while things are changing, and there is a growing wave of acceptance, knowledge and understanding, it can be hard to let go of negative beliefs.

Inferiority and imposter syndrome

Neurodiverse people can sometimes feel 'inferior' to others, based on a perception of what is considered 'normal'. This can be exacerbated when there is a co-existing learning or developmental disability. Constantly having to face obstacles and find ways to overcome them can be exhausting, leaving a person feeling helpless and misunderstood.

This is why many neurodiverse people try and put on a front to fit in, acting in a way that mirrors what others do, and trying to control reactions and emotions. Often these feelings of inferiority can stem from specific experiences, such as being treated differently at school or being branded as 'naughty' when reacting to an overstimulating environment.

Neurodiverse people may also suffer from imposter syndrome. This is when someone feels like they're not worthy of success, friendships or relationships, or that they've somehow 'tricked' or 'cheated' their way into these positions, rather than recognising the strengths that got them there. They then might live in fear that someone will 'find them out'.

This is linked to those feelings of inferiority and low self-esteem, making it harder to recognise any hard work and accomplishments, and to be proud of them. The problem is that throughout our lives, we might have been told over and over what we can't do, rather than focusing on what we can. This is something that sticks and makes any form of success seem impossible to achieve.

Building self-confidence

There are ways to develop more resilience, boost self-esteem and grow in confidence, but it takes time to change a negative or fixed mindset into a positive one that is capable of growth.

The first stage is in acceptance. It's perfectly normal to be overwhelmed, angry or upset by a neurodiversity and the challenges it presents. It's okay to explore

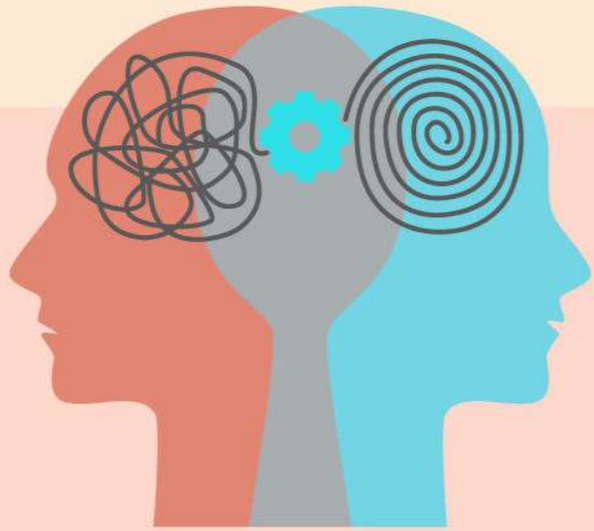
“It’s important to think about your strengths instead of weaknesses”

those negative feelings, but, ultimately, by accepting the way things are, it makes it easier to move on and thrive. This can take time, but having a good social support network can help with this.

In order to shift your mindset, it’s important to think about strengths instead of weaknesses, the ‘can do’ instead of the ‘cannot’. What are you good at? What skills do you have that you can use in different ways? How does your neurodiversity help you to think in a different way, to be more creative, to find alternative solutions? What are you interested in? Are there groups or online forums where you can discuss your hobbies and areas of focus? Do you have exceptional attention to detail? Are you always honest? These are all incredible traits and skills that have high value. Developing a mindset that is based on these strengths and skills can help you to build confidence and acceptance in the person you are.

Seeking ways to be independent as much as possible can also help with self-confidence. If there are areas that you struggle with, then finding solutions and workarounds can empower you and reduce feelings of helplessness. Also, learn to be confident in expressing what you need to help you feel comfortable in your environment, or have a trusted person advocate for you and your needs.

Finally, looking after your health and wellbeing can help your self-confidence, too. Things like regular exercise, a varied diet, plenty of water, fresh air and good sleep – all as far as possible depending on any challenges you face in any of these areas – can help to boost self-esteem and confidence.



Developing self–awareness

Self-awareness helps us to learn who we are as a person, accepting those things that challenge us and focusing on our strengths. It can be hard to go on this journey of self-reflection at first, but the more you do it, the easier it becomes.

It means getting to know yourself, your traits, your habits and your feelings. Finding your triggers and responses, your experiences and your opinions. Some people find it helpful to use a journal to write this down; other might prefer a more visual form of expression. It can be useful to talk to someone you trust to get started; ask them what they think your strengths and unique traits are. This could be a family member, friend or even a professional. They often see strengths in us that we don’t see ourselves. It means being honest about weaknesses and challenges too.

Mindfulness can help, as this can be useful for staying in the present, grounded and aware. This could be a form of meditation, for example, though if you struggle with racing thoughts, it can be hard to switch off. But you can be mindfully active too – walking, for example, around a park and noticing the things around you, what you can see, smell, touch and feel. Mindfulness can be useful for managing stress, anxiety and overall wellbeing.

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*Tsermentseli S. ‘Self-esteem moderates the impact of perceived social support on the life satisfaction of adults with autism spectrum disorder’. *Autism Dev Lang Impair.* 2022 Dec

Build better relationships

You may not have the ability to change other people but you do have the power to improve your relationship with them

Words Sara Niven

How do you get on with those around you – your partner, children, parents, siblings, even colleagues? Would you describe your relationships as good, or do things often feel strained with definite room for improvement?

When we talk about relationships in general romantic ones first tend to spring to mind, but our attachments and interactions with other people in our life can be similarly significant.

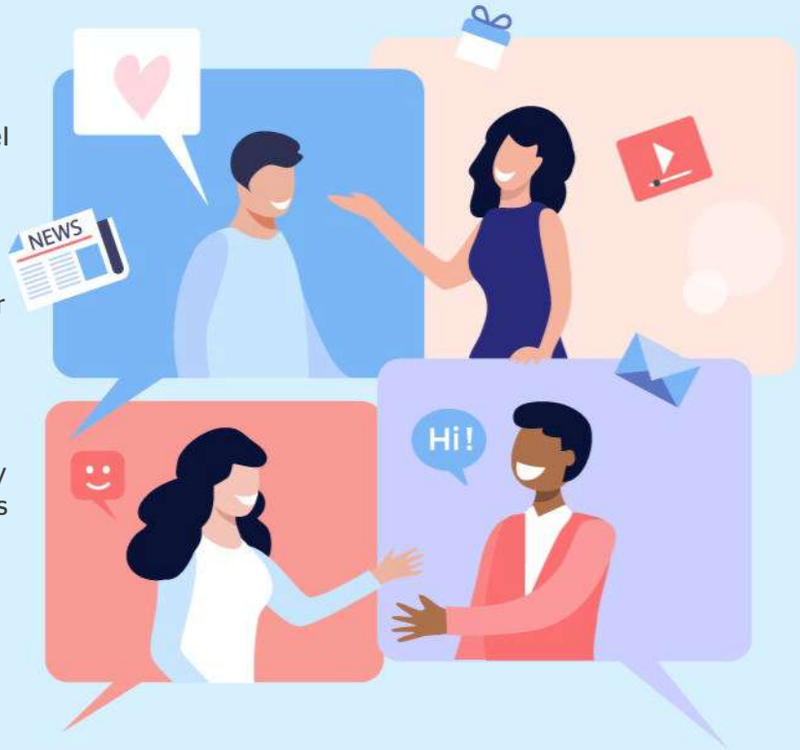
"Relationships are key to our health and happiness and give meaning and purpose to our lives," confirms chartered clinical psychologist and author Dr Jessamy Hibberd. "We're highly social beings and early humans needed to live together and get on in a group to ensure survival. This means we have a deep need for social inclusion and research shows that a lack of social support is as bad for you as smoking. Social isolation is associated with heightened risk of disease and early death, whereas warm and supportive relationships have long-term benefits for health and longevity."

If a relationship isn't going well, we may find ourselves harbouring feelings of anger, resentment, guilt or general sadness, depending on the situation and how it impacts on us. For a relationship that has seriously broken down, be this due to a betrayal, major disagreement or other factors such as drug or alcohol addiction, professional help may be the best option to try to work through it, either by seeing a counsellor alone or ideally in the form of couples or family therapy. Unfortunately though, even with the best will in the world, sometimes it can be healthier to walk away (easier with some types of relationships than others, of course).

The good news is that when it comes to the daily niggles and gripes everyone has or unhelpful patterns of communication we may have fallen into with our nearest and dearest, a lot can be done to improve matters. Here we look at five factors to bear in mind for building better relationships.

Lend an ear

Possibly one of the most powerful tools in the relationship improvements box, active listening is very different from sitting nodding, wondering when you will get your chance to speak or carry on with whatever you were doing. And it is the complete opposite of muttering 'Uh huh,' while browsing your phone as someone tries to tell you about their day.



"Active listening can take practice but is worth the effort"

"We have so many pressures, distractions and pulls on our attention that it can be difficult to be fully present even with those closest to us but ensuring someone feels heard and understood is really important," confirms Dr Hibberd, author of *The Imposter Cure* (Octopus, £12.99).

Pointers for active listening include good eye contact (not staring intently, which can be intimidating), open body language (leaning towards the other person and avoiding crossed arms and legs), and an awareness of when to respond and when to stay quiet.

It's important not to interrupt or immediately override someone's story with one of your own – 'You think that was a bad day, that's nothing – wait 'til you hear mine!'.

Instead, when they finish speaking, try showing that you have been listening by summing up what they've been saying without judgement and with an invitation for them to continue. 'So, it sounds as though you felt disappointed today because you didn't get the feedback you were hoping and had worked hard for?'.

For something seemingly so simple, active listening can take practice (it is a learned skill when people train to become counsellors, for instance) but is definitely worth the effort in terms of the difference it can make in any kind of relationship.

A balancing act

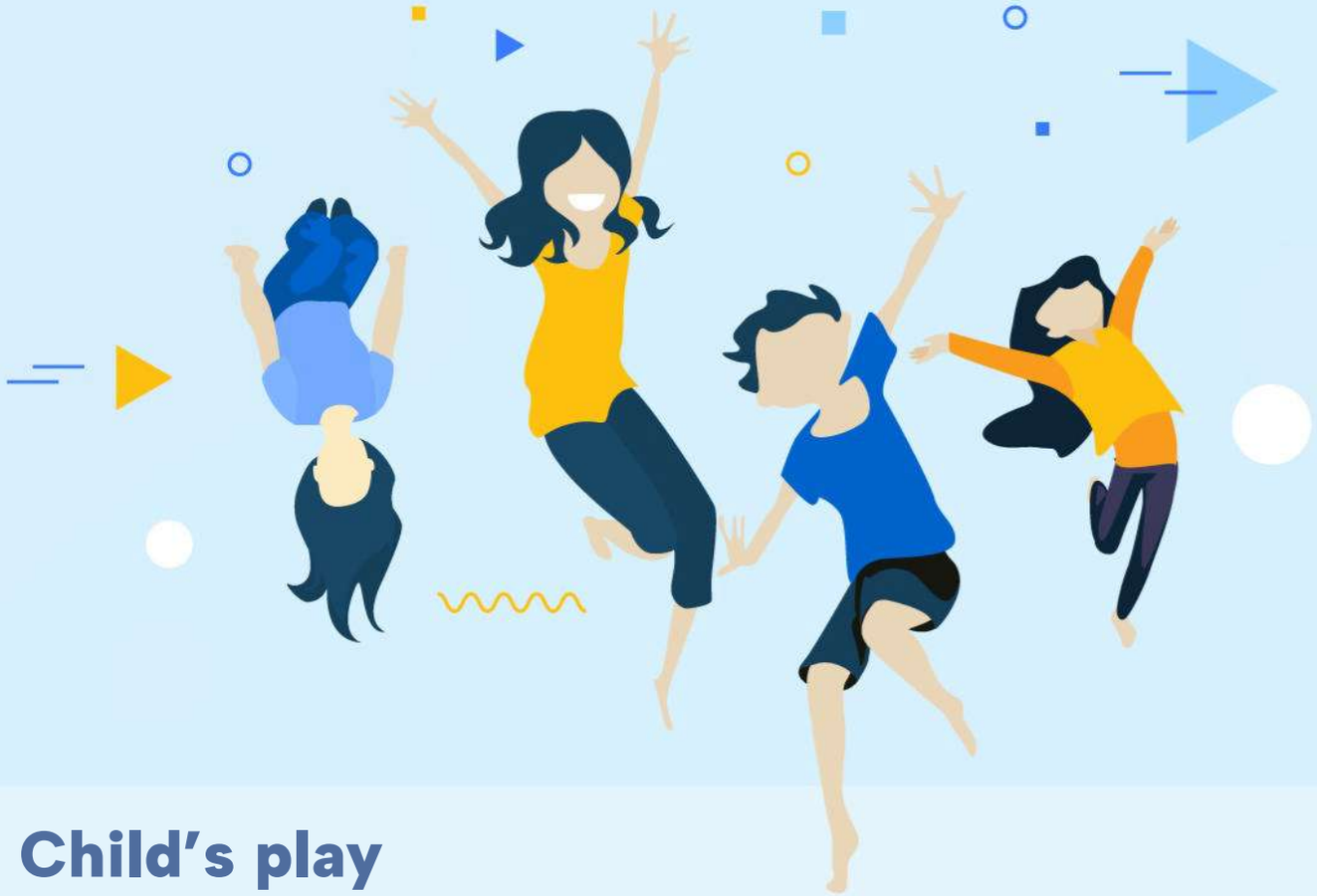
Relationship expert, therapist and author Dr John Gottman extensively researched the secret of lasting, healthy relationships and noted that the couples with these clock up five positive interactions for every negative one. Dr Gottman even claimed to be able to predict the marriages heading for divorce based on this magic 5:1 ratio.

"The bottom line: even though some level of negativity is necessary for a stable relationship, positivity is what nourishes your love," his website states. An interaction can be as simple as a loving touch or gesture, such as reaching for our partner's hand or simply an experience of being listened to attentively, as described previously. A negative one can include something neutral like failing to make a comment on something our partner shows us as well as dismissive or critical statements such as shrugging our shoulders to indicate we don't care or rolling our eyes sarcastically.

Dr Gottman stresses that couples need to regularly demonstrate appreciation and respect for one another, something that sometimes gets lost over time. Although his balance theory has been developed to apply specifically to couples, there may be lessons that can be taken on board for other relationships given that everyone has a need for appreciation and we can all be guilty of taking others for granted.

Make the time

Without quality time together, it's easy to lose touch with what's going on in someone else's life, even when



Child's play

If you are a parent, building a healthy and trusting relationship with your child is probably one of the most important things you will ever do. You are effectively helping to shape another human being's self-esteem, and providing them with a good grounding for later life.

"When you communicate well with your child, it leads to a strong relationship, greater cooperation, and feelings of worth," confirms therapist Zinny Perryman, who has specialised in working with children and family interventions. "If the opposite is the case, it can lead to your child switching off, conflict and feelings of worthlessness. They are far less likely to open up about any difficulties or worries and it can be easy to lose touch with what is going on for them."

She advises:

- Be as courteous to your child as you would a close friend. If you regularly interrupt them halfway through a story or break off to pay attention to something else, you send the message that what they say isn't important.
- Unless other people are specifically meant to be included in the discussion, hold important conversations with your children in private. Embarrassing them or putting them on the spot in front of others will lead only to resentment and hostility.
- Avoid towering over younger children. Physically get down to their level to talk face to face.
- Use 'door opener' statements like 'That's really interesting' or 'Tell me more about that' to encourage your child to share ideas and feelings and show you are interested and respect what they have to say. Your tone needs to be genuine and your focus on them.
- If you are very angry about something, unless it is an emergency that needs addressing immediately, wait until you feel calmer and more objective. Address the behaviour rather than labelling the child – they may have done something you view as stupid or bad but they are not a stupid, bad child. Your child needs to feel accepted even if their behaviour isn't.

“We can’t assume others, even those closest to us, will be mind readers”

we’re living under the same roof. We also have less shared, positive experiences to cushion the difficult times or negative experiences, becoming ships that pass in the night, or even ships set on a clear collision course whenever the sea gets stormy!

“Quality time doesn’t have to involves hours, it could be as little as half an hour or even ten minutes in some cases,” explains family and couples counsellor Dee Holmes, who is a senior practice consultant for Relate. “It is about managing that time and keeping it free from distractions. If your partner or child wants your company or attention and you have no choice but to take an urgent call or dash off for an appointment then be honest and let them know when you will be available for them later. But it is a good idea to build in pockets of regular time for family members – perhaps you decide that for half an hour after your child comes home from school you will spend that time uninterrupted with them or when your partner gets back from work you make a habit of having a cup of tea together.”

While quality time can involve watching TV or a film together, Holmes stresses that an important aspect is the togetherness of an activity rather than simply people’s proximity.

“I see children walking to school glued to their phones like zombies when previously they would have been chatting to friends walking alongside them,” she observes. “Similarly, families can often be in the same room, all on different devices without any communication and it is something we hear complaints about in the counselling room. It can be a good idea to set healthy boundaries regarding the use of social media, such as no phones at the dinner table or during a certain time of day. These boundaries will be different for each family.”

Dr Hibberd agrees on the significance of time and how it is spent. “Having experiences together is important in relationships, whether that’s something big or something as simple as sharing a meal or a joke.”

Explanations and understanding

Have you ever experienced a situation where someone stomps around, slamming doors with a pained, angry expression on their face, leaving you unsure if you have upset them, and feeling it is best to stay out of the way?

Later you find out they were stressed over something completely unrelated to you, or alternatively they thought they were sending out a clear message they were tired and needed help but you had no idea.

“When difficulties arise in a relationship, I often ask people if they have told those close to them how they feel and am often told they would expect that person to already know,” explains Relate’s Dee Holmes. “But we can’t assume others, even those closest to us, will be mind readers. They may interpret a situation completely differently or not have a clue you see something as a problem as it hasn’t been the case in a previous relationship. You can’t underestimate the power of explaining.”

She points out that it is also easy for miscommunication to arise when using text or

WhatsApp, where there is no tone of voice or body language to help with communication. However, there may be times when writing things down can be useful in opening up lines of communication.

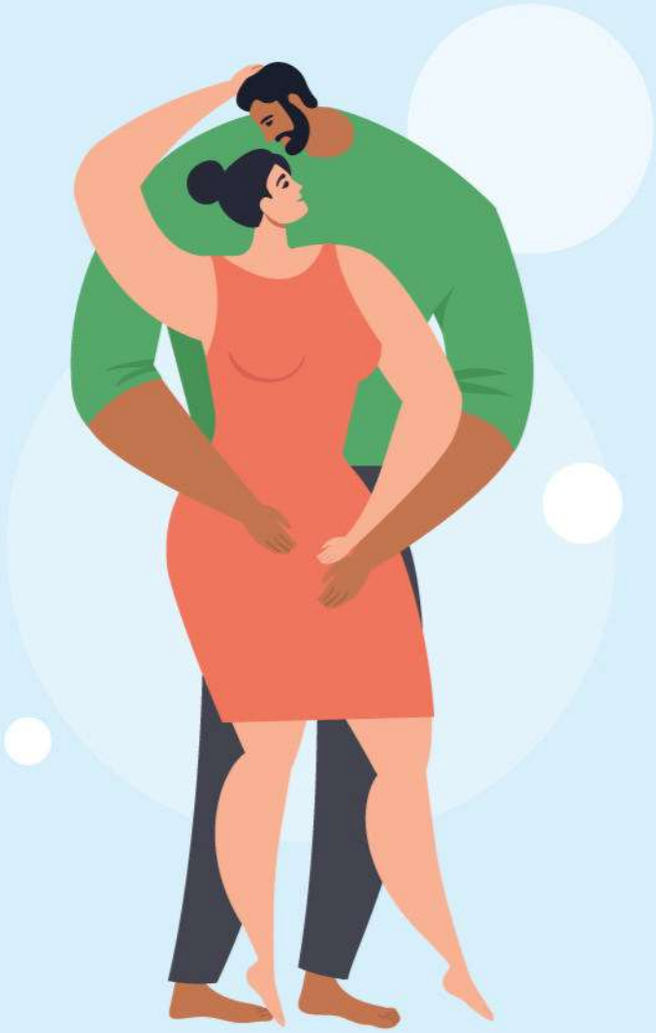
"For a situation in a family that continues to cause issues or arguments, you might suggest everyone writes down three things they feel would be helpful in resolving it and then sit and discuss them. Sometimes writing a letter to a partner, parent or friend could be a useful exercise if you find something very difficult to broach face to face or think they may not let you finish what you want to say."

Role play

If you've ever noticed that your interactions with different people vary and they seem to bring out different sides of you, welcome to the world of Transactional Analysis, or TA.

This is a theory developed in the 1950s that is used by some therapists to help explain why we think, feel and behave the way we do, particularly when it comes to our relationships with others. Very simply put, the theory involves three sub personalities known as ego states – Parent, Adult and Child – that we regularly switch between (with some further divisions within these, such as Nurturing Parent and Critical Parent).

It explains that we take on different roles depending on who we are dealing with and how we feel at that time, and it can be easy to fall into unhelpful patterns and roles. Realising we are doing this provides the opportunity to shift gears into a response that can improve interactions and relationships.



For example, if you are regularly annoyed with your partner about not doing their division of household chores, it can be easy to assume the role of Critical Parent and come out with an angry, judgemental statement.

Switching into our Rational Adult ego state means we might say something like 'I feel I've been doing most of the chores this week and am really tired. I know you're working hard too but I'd appreciate help tonight'.

This invites the other person to (hopefully) respond as an adult as opposed to taking on the role of sulky child or becoming critical themselves and telling you all the things they feel you haven't done that week, with the risk of the conversation escalating into an argument.

Our relationships, whether with relatives, partners, children, friends or colleagues, are wonderful things and enrich our lives. By being more aware of them, we should all get more out of our own relationships.

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How to avoid seeing red

Discover how to master your anger response, learn to use it to your advantage, and diffuse difficult situations

Words Julie Bassett

Anger, like joy or sadness, is a normal emotion, one that we have all experienced and will continue to experience. It's a natural response to a situation in which we're frustrated, irritated or provoked.

In situations that trigger us, the body gets ready for 'fight or flight', with anger readying us for the fight option. It's normal, even good for us, to feel anger sometimes, especially when it's justified – anger enables us to express a negative reaction to a situation, rather than bottling it up inside, and it makes us want to seek out solutions to problems. But for the neurodiverse, anger can become all-consuming, an instinctual reaction to simple frustrations or difficulties that can negatively impact your day-to-day life.

While it might be one of the 'basic' human emotions, it's also incredibly complicated, and we all have our own individual thresholds of what causes us to feel anger.

"We all have our own individual thresholds of what causes us to feel anger"

What is anger?

Anger is an emotional response, a reaction to a situation where you feel challenged, criticised or your boundaries overstepped. It is an intense emotion that can leave you feeling stressed, frustrated, annoyed and irritated, but there are also different levels of anger. It can range from minor annoyance, through to controlled rage and even irrational overreaction.

The triggers for our anger are unique; what fills one person with seething rage might simply be a minor inconvenience for another. It can be useful, especially for children, helping us to learn right from wrong, and showing us where our morals and values lie.

When something bothers us and we feel anger, this can manifest both physically and mentally. You might feel tense and tight, get a headache or jaw ache, feel hot and sweaty, notice your heart pounding, or experience racing thoughts. You may find it hard to focus or concentrate, and be less in control of your emotions. Inside your body, your brain is sensing danger and will release adrenaline (to prepare you for a stressful or dangerous situation), noradrenaline (involved in cognitive function and stress reactions) and cortisol (in response to high anxiety and stress).

Some people internalise this anger, but dwell on it in their thoughts; others react more verbally in the moment, shouting for example. Others have more extreme

reactions, tending towards aggression, causing damage or seeking revenge.

There are different types of anger. There is anger towards wider, global issues, for example the kind of anger we might feel towards political bodies, our treatment of the environment, wars and disasters. In these cases, we might feel helpless and sad that we can't help, or we might feel motivated by our anger to react, through donating funds, attending protests and using our vote.

Then there is justified anger in situations we face in our personal lives, such as when a partner lets us down, we're stolen from, or someone accuses us of something.

Finally, there is anger that comes from annoyance or frustration, when we usually know we're overreacting, such as when driving, walking behind someone who is slower than us, waiting in queues, or being put on hold on the phone.

Anger is usually caused when something happens that is at odds with our expectations. For example, we expect a loved one not to cheat on us and feel betrayed if they do. If we expect to be able to park outside our house, but someone is already in our space, we might feel a flash of anger and irritation.

So, feeling anger is often outside our control, as our body is flooded with hormones in response to a trigger, but what we can influence is how we react to it. This is where our brain kicks in, specifically our prefrontal cortex, responsible for decision making, which helps us to put that anger into context and react in an appropriate way.

How we respond to anger

Not all of us respond to anger in the same way. Children find it much harder to react in perspective and are more likely to shout, cry, break something or hurt themselves. They haven't yet developed the control and understanding that's needed to process the intensity of anger. Their world is much smaller, so when something doesn't meet their expectations – even something as simple as expecting the blue cup with their dinner – their body triggers an anger response and they don't know what to do with it. It's up to the adults in their lives – parents, teachers and older siblings, for example – to help them learn to recognise the signs of anger and explain different techniques to handle those feelings.

But even as adults, we don't all have the same ability to regulate and control our anger response. This can stem from childhood, if we've never been shown how to handle anger or we've been taught to repress it.

Some personality traits are also linked to anger. Someone with underlying mental health conditions, such as anxiety, OCD or depression, may feel more anger as situations are less likely to meet their

expectations and they may fixate on those things in their lives that cause sadness and frustration. Some people may find it hard to be agreeable, wanting things to happen their way and being unable to be flexible emotionally to see things from another perspective. There can be a sense of entitlement, or a belief that their own views are in some way superior and should be adhered to. Some people might fixate on things that are out of their control, blame others for their own situations, struggle to regulate their emotions, or have a low tolerance for feeling uncomfortable.

None of these is necessarily a negative personality trait, and feeling anger is not a weakness. If someone has perfectionist tendencies, for example, they might be high achieving, get great results and do well at work, but also find it harder to accept 'less than' and feel angry when things are not perfect.

We can also find it harder to control our anger when we're under a lot of stress, experiencing grief or loss, or going through major life changes. This can affect our tolerance, and anger can flare in situations when it wouldn't usually – the proverbial straw that broke the camel's back, as it were.

"It's quite normal to feel anger from time to time, but frequent or excessive anger can have dire results"

Anger can also feel good sometimes, reassuring us that we know where our morals stand, that we know what's right and wrong, and it can teach us how we feel about situations.

It's often considered that men get angrier than women, but research* shows that the frequency and intensity of anger is not impacted by our gender. However, the way in which we express our anger can be different.

While this is somewhat generalising, men might be more likely to express anger in an outward way, shouting, pushing, through aggression or hostility;

whereas women might simmer, turn their anger inwards, engage in passive behaviour like sulking, and fixate on situations and conversations in their mind. In part, this is societal – aggression and masculinity have often gone hand in hand, while women who show anger can be called irrational or overly emotional.

There are problems with both types of response, and there are issues with these ingrained stereotypes. It can lead to women feeling unable to express their anger, meaning that the things that trigger them continue to happen, leading to wider issues, such as stress, anxiety and depression; and men can feel unable to express their anger through non-aggressive means, finding it hard to talk about what they're feeling and ask for help.

How to manage and cope with anger

Learning to cope with anger is a key life skill. It's quite normal to feel anger from time to time, but frequent or excessive anger can have huge consequences.

"As hard as it is to cope with our own anger response, it can be even harder to cope with another person's"

Because being angry raises stress hormones, blood pressure and heart rate, long-term anger can increase your risk of health conditions like coronary heart disease, type 2 diabetes and stroke.

Also, if your anger levels are elevated, you might find that you overreact more easily in different situations, or you might engage in compulsive and unhealthy behaviours, such as smoking, drinking more than usual or lashing out. Feeling angry can

also make us more impulsive and prone to making irrational or sudden decisions.

There are two key areas to focus on when it comes to anger management: how you react in the moment and how you can improve your wellbeing so that you're less likely to anger in the first place. When you're in a situation that creates anger, you need to learn how to control your response (see the box to the right for some quick ways to diffuse) in a rational way. This doesn't mean suppressing the fact that you're angry – it means taking time to think about what you want to say or do. Rather than shouting and clenching, breathe and say something like, 'This situation is making me feel angry because...'. It's important to acknowledge anger as an emotion and try to drill into what it's trying to tell you about the way you feel.

If anger is taking over in your life, then you need to look at your lifestyle and how you can make improvements so that you're less likely to boil over. Practising relaxation techniques on a regular basis can help to keep stress at bay, doing things like meditation, breathing exercises, going for a massage treatment or yoga. Make sure that you're sleeping enough, as when you're tired you are far less likely to be able to cope with a situation that induces anger. Exercise is also important. It can help to maintain lower stress levels, but it's also a good outlet for excess anger, channelling it into something physical and helping to calm your mind. Having a chance to talk to someone you trust regularly can also help with feelings of anger building up and getting out of control.

As hard as it is to learn to manage and cope with our own anger response, it can be even harder to cope with another person's, especially when it's someone we're close to. It's natural to take it personally and this can make us feel angry ourselves, or less worthy. But remember that anger is a response and it doesn't always reflect a person's true feelings; they may be reacting impulsively and not be thinking clearly. Try to give them space and respect their boundaries; let them work through why they're angry in their own time. If you push for a response or an apology, this can sometimes fuel the anger and lead to an argument on both sides. If you can, stay calm, but if you can't, it may be best to extract yourself from the situation while you both take a little time to think. Set your own boundaries too, as actions caused by anger can be damaging, and you need to be clear about what behaviour is unacceptable to you for the sake of your own wellbeing.

We're not seeking to eliminate anger; anger is a core emotion that can drive us and steer us. The key is in mastering it, learning to recognise it and control it, before it controls you.

*Dittmann, M. 'Anger across the gender divide'. *Monitor on Psychology* (2003)

5 ways to diffuse anger fast

1. Walk away
If you're in a situation that's making you angry, walk away. Go outside, make a hot drink, sit down quietly – whatever helps you to calm down and think more rationally.

2. Breathe
Breathe in and out, deeply and slowly, which can help you regain control over your emotions and steady your mind. You may like to count your breath in and out as well.

3. Ground yourself
Bring yourself into the present moment by focusing on something you can touch, something you can see, something you can hear and something you can smell.

4. Be honest
Recognise that you're feeling angry and express that. If someone else is involved in the situation, tell them that you're feeling angry and that you need to regroup before continuing.

5. Visualise
Close your eyes and imagine a place that makes you feel calm, whether that's by the sea, in the forest or up a mountain.

Understanding Neurodiversity

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